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Michigan Medical News.

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Editorial.

Sponge Grafting.

Among the new things recently introduced into medicine, "sponge grafting" stands conspicuous. The process consists, nothing more or less, than in introducing into the system a piece of sponge, which is intended to do its work as a stimulus to the reparative process, and then to be absorbed and eliminated. Dr. D. J. Hamilton, pathologist to the Edinburgh Royal Infirmary, claims the honor of having introduced the method, and in the November number of the *Edinburgh Medical Journal* he reports in detail his experiments, the practical conclusions to which they led him, and the crucial tests corroborative of such conclusions.

In a paper prepared some years ago, Dr. Hamilton made the statement that the vessels of a granulating surface are not newly formed, but are simply the superficial capillaries of the parts which have become displaced; that they have been thrown upwards as granulation loops by the propelling action of the heart, because the restraining influence of the skin has been removed. While making observations with which to substantiate this claim, he was struck with the similarity of the process of vascularization as seen on a granulating surface, and that which occurs when a blood-clot or fibrinous exudation is replaced by vascular cicatricial tissue. Blood-clot or fibrinous lymph he came to regard as merely playing a mechanical and passive part, in any situation where it becomes replaced by fibrous cicatrix, and that their vascularization is not owing to new formation of blood-vessels, but rather to a displacement and pushing inwards of the blood-vessels of surrounding tissues. Being convinced that the blood-clot, or fibrinous lymph, before organization takes place, was just so much dead matter in a tissue, it occurred to him that if some dead porous animal tissue could be substituted for the natural exudate it would, in course of time, become vascularized and replaced by cicatricial tissue. An accidental circumstance in the summer of 1880 suggested to him that in sponge we have a substance which he had long vainly sought to discover. It is porous (thus imitating the fibrinous network in a blood-clot or fibrinous lymph), it is an animal tissue, (thus, like cat gut, it is capable of absorption), and it is of such pliable texture as permits of its adaptation to surfaces and adjustment to cavities.

Having arrived at the above conclusions by a process of reasoning, Dr. Hamilton reports five experiments in which these conclusions are strongly sustained. One of these will be sufficient here: A woman had several ulcerated wounds on different parts of her body. One of these, circular in shape, five inches in diameter, and from half to three-quarters of an inch deep, was on the outside of her leg. The edges were indurated, slightly raised, and in some places undermined. There was a cellular tissue slough at the deepest part of the wound, which gave the whole ulcer a somewhat putrefactive odor; the rest of the floor was in a granulating condition. This one was selected for experiment. August 3d, 1880, it was filled with one large piece and several small pieces of very fine sponge, which had been prepared by dissolving out the siliceous and calcareous salts by means of a dilute mineral acid (nitro-hydrochloric), subsequently washing in liquor potassæ, and then finally steeping in a 1 to 20 solution of carbolic acid in water. (The sponge in this instance has soaked for some months in the carbolic solution, but Dr. Hamilton does not regard such prolonged soaking necessary). The sponge in the central part of the wound rose a little higher than the edges, so that at its greatest thickness it must have measured from half to three-quarters of an inch, and five inches wide. It was made to fit the wound very accurately, and was inserted beneath the undermined edges. A piece of green protective was placed on the surface, and, above this, lint soaked in a 1 to 20 solution of carbolic acid in glycerine, with a little tincture of lavender in it. The whole was covered with a pad of boracic lint. An ordinary bandage was then applied, and the patient kept in bed with limb at absolute rest.

Without reproducing the detailed daily report of this case, it is sufficient to say that the wound was dressed daily, such secretions as had oozed through being washed off, but the sponge left undisturbed. On January 5th, 1881, the patient was exhibited to the Medico-Chirurgical Society, and not a vestige of the sponge remained, and the wound was changed to a superficial, typical, granulating surface, measuring about 1½ inches diameter.

This first experiment convinced Dr. Hamilton that if sponge be placed over a granulating surface its interstices will, in the course of time, become filled with blood-vessels and cicatricial tissue, just as in the case of a blood-clot, and, ultimately, that the whole of the sponge will disappear in the wound, leaving an organizing mass of new tissue in its place. The vacuities in the sponge appear to be specially adapted for allowing of this, and the framework of keratode affords support to the young vessels which are formed within it. It further showed that even where the wound continues in a putrescent condition organization will still go on. In the case of the blood-clot, putrefaction tends to destroy

it; in that of the sponge, its texture being more resistent, it does not seem to make much difference. There is no difficulty in keeping the sponge aseptic in a wound, provided it be so at the time of its introduction.

Dr. Hamilton's subsequent experiments were strongly corroborative of the first, and if the procedure shall prove equally successful in the hands of others, a very important device will be found to have been placed in the hands of surgeons.

Abortion and Its Lesson.

The matter touched on under this head, by Dr. Herrick, in another part of the present number, is one of those delicate questions whose discussion can with propriety be held only in a medical journal, and there may possibly be some who will hold that even here it has no legitimate place. We cannot, however, but regard any objections to the appearance of Dr. Herrick's article in this journal on the score of "propriety," as other than a species of prudery. The question discussed is one fraught with fearfully weighty interests—it is none other than one which strikes at the very root of social and national life. The evil of induced abortion has attained dimensions which enable it to bid defiance to the laws ostensibly enacted to crush its existence. The professional abortionist is known as such to the community, and can be consulted and bargained with to relieve the pregnant uterus of its burden, for an equivalent in dollars and cents, while it is to be feared that many reputable physicians (in the estimation of the public, as likewise in that of their professional brethren), secretly, and from motives other than pecuniary, too often relieve the temporary embarrassment of the wife, mistress, and unfortunate girl who has loved unwisely. The pressure which is not unfrequently brought to bear on the family physician to induce a miscarriage in her who is legitimately pregnant is great, while that which is brought to bear to secure his services in relieving the womb of the results of unlawful sexual congress, is at times, superadded as it is to the promptings of his own compassion for the unfortunate, well nigh irresistible. Medical men know as none others know, the extent of the crime of abortion, but they know, too, that the fact that it is not more prevalent than it even is, is, considering the inducements to the commission, no mean tribute to the integrity of the medical profession.

In view of the frightful prevalence of this crime, together with the inducements to its commission, does it not properly come within the province of the physician to consider means, indirect though they be, whose end is its suppression? The clergyman and the legislator have each, until now, exerted themselves in vain to this end, and such assistance as the medical man has rendered, has been rather in the line of the clergyman's special calling than in that of the physician. His efforts have been chiefly in the way of "moral suasion," and discursions on the heniousness of the offense. He has done practically nothing as the physician, his efforts being confined to statements (of questionable reliability), regarding the effects of certain practices on the physical integrity of the female generative apparatus. Dr. Herrick takes the bull fairly by the horns, and our readers will, of course, regard his remarks as those of a medical man, proper, and not as those of a moral teacher. There will be found many who will object to his method (and we are among them), but there is in it food for thought. We should rather advocate, with a view to restricting the size of families, the inculcation of the physiological fact that for a certain time between the menstrual periods, the female is not liable to conceive. The efficacy of such knowledge to the end in view, requires that the male hold his imperious passion in proper check. But we are met with the indisputable statement that the male is in most instances a brute, and either cannot or will not submit himself to this restraint, and forces his wife, nolens volens, to submit to his embraces. What is the best thing to be done under such circumstances? Well, Dr. Herrick has spoken freely his suggestion. If any reader has a better, we should be pleased to receive it.

A Detroit Diploma Mill.

When the notorious diploma-monger, Buchanan, was driven from his Philadelphia haunts, he sought Detroit for a hiding place, and remained here *incog* until his identity was revealed, when he found it convenient to retire to the Canadian shore, immediately opposite. During his stay here, as has since transpired, he was the head centre of a class of kindred spirits, who set on foot the preliminaries for the opening of a college (?) similar to, if not identical with, that which had won for him such an unenviable reputation in Philadelphia. The steps then taken have blossomed forth in the necessary statutory proceedings for the establishment of the contemplated institution, and everything now bids fair for the early opening of the first session.

It will be remembered how the profession of Philadelphia was censured for having allowed Buchanan to carry on his nefarious practices so long. The time is evidently at hand for the profession of this city to take such steps as will save itself from having such censure visited on it. Our laws render the establishment of a medical college a comparatively easy matter, and it would not surprise us very greatly if the contemplated institution actually secured state authority for conferring, after its own fashion, the degree of the doctor ate. The fair name of our city, however, cannot tolerate such an institution as that now in its inception is suspected to be, and it devolves on the profession here to investigate the matter, with a view to its suppression, if these suspicions shall prove to have a substantial basis in fact. There is always room for such colleges as shall honestly aim to advance reputable medicine, but if it shall appear that

an institution is established with a view to purely pecuniary interests, it becomes necessary to secure the services of the authorities toward its suppression. Who will take the initiative in regard to the case now before us? We submit that it is the duty of the medical societies of the city. The necessary legal steps will involve an expense which no single individual should be called upon to defray, and there are other reasons why the person acting in the matter should act in a representative capacity. We call upon our medical societies to awake to the realization of the evil which threatens.

☞In the present number bills and return envelopes have been enclosed for renewals for present volume. Many have already renewed; such will, of course, pay no attention to the enclosure. In the increased amount of work incident to the opening of the new volume there was not sufficient time left before mailing to separate the paid from the unpaid on the list, and to expedite matters bills have been enclosed regardless of those who have already remitted. We hope for a prompt and very general renewal.

Miscellany.

Animal Vaccination.—Thus, then, it becomes possible to affect sheep and cattle with a form of anthrax-disease so mild as to bear much the same relation to the severer forms that cow-pox bears to small-pox; and for this artificial affection with the mitigated disorder, Pasteur used the term "vaccination." The question that now arises—to which the whole previous investigation has led up—is the most important of all: Does this "vaccination" with the mild virus afford the same protection against the action of the severe, that is imparted by cow-pox vaccination against small-pox? To this question affirmative answers were last year obtained by Professor Greenfield (on Professor Burdon-Sanderson's suggestion) in regard to bovine animals, and by M. Toussaint in regard to sheep and dogs; the former, when "vaccinated" from rodents, and the latter from fluids "cultivated" outside the living body, after a method devised by M. Toussaint, proving themselves incapable of being infected with any form of anthrax-disease, though repeatedly inoculated with the malignant virus, and remaining free from all disorder, either constitutional or local. The same results having been obtained from experiments made by Pasteur himself, probably about the same date, with charbon-virus cultivated in the manner previously described, it was deemed expedient by one of the Provincial Agricultural Societies of France that this important discovery should be publicly demonstrated on a great scale. Accordingly, a farm and a flock of fifty sheep having been placed at M. Pasteur's disposal, he "vaccinated" twenty-five of the flock (distinguished by a perforation of their ears) with the *mild* virus on the 3rd of May last, and repeated the operation on the 17th of the same month. The animals all passed through a slight indisposition, but at the end of the month none of them were found to have lost either fat, appetite, or liveliness. On the 31st of that month, all the fifty sheep, without distinction, were inoculated with the *strongest* charbon-virus, and M. Pasteur predicted that on the following day the twenty-five sheep inoculated for the first time would all be dead, while those protected by previous "vacciuation" with the mild virus would be perfectly free from even slight indisposition. A large assemblage of agricultural authorities, cavalry-officers, and veterinary surgeons having met at the field the next afternoon (June 1st), *the result was found to be exactly in accordance with M. Pasteur's predictions.* At two o'clock *twenty-three* of the "unprotected" sheep were dead; the *twenty-fourth* died within another hour, and the *twenty-fifth* an hour afterward. But the twenty-five "vaccinated" sheep were all *in perfectly good condition;* one of them, which had been designedly inoculated with an extra dose of the poison, having been slightly indisposed for a few hours, but having then recovered. The twenty-five carcasses were then buried in a selected spot, with a view to the further experimental testing of the poisonous effect produced upon the grass which will grow over their graves. But the result, says the reporter of the "Times" (June 2d), "is already certain; and the agricultural public now know that an infallible preventive exists against the charbon poison, which is neither costly nor difficult, as a single man can inoculate a thousand sheep in a day." I have since learned that this protection is being eagerly sought by the French owners of flocks and herds; and, if any severe epidemic of the same kind were to break out in this country, our own agriculturists would probably show themselves quite ready to avail themselves of it.

The Marvels of the Microscope.—*Leffel Mechanical News:* Several striking instances of the wonderful advance which has been made in the construction of microscopes and particularly in the preparation and arrangement of the lenses, were developed in a recent discussion of this subject by the Polytechnic Association of the American Institute. The proper length of focus for accurate observation was one of the questions in debate, and it appeared that the shortest focus yet found practicable was one seventy-fifth of an inch—a less distance not allowing a proper covering of glass or mica for the object. With lenses of this focus the field of view is only one six-hundredth of an inch in diameter.

The magnifying power of the microscope has been brought by modern improvements to about one hundred thousand diameters. There is a difficulty in determining the exact degree of magnifying power exerted, the only method of comparison, as stated by one of the speakers, being "the apparently barbarous one of placing one eye to the instrument and looking at a finely graduated plate of known

dimensions, and looking with the other eye at a common foot-rule at a proper distance for ordinary sight, and with practice bringing the objects together in the field of view."

It has been found that in microscopic observations the use of the electric light makes it possible to illumine at least 500 times stronger than with gas, and that in other important respects the new light is far superior to the old. By what is known as Clevalier's method, the light is separated by its difference in refrangibility so that the heat rays are nearly excluded, and only the luminous rays thrown on the object to be examined.

Bold as the attempt may seem, microscopists have undertaken by means of the extremely minute observations they are now able to make, to estimate the size of the ultimate elemental particles or atoms of which all matter is composed. This measurement has not as yet, it is true, been made with exactness; but it is claimed to de well ascertained that these ulimate particles can not be more than one twenty-millionth of an inch in diameter. The starting belief is expressed that the common house-fly is able to see and distinctly recognize these inconceivably minute particles,its eye having been found to be equipped with a peculiar circular muscle, unknown to early entomologists, which enables it to so change its focus and apply its lenses as to attain this incredible visual power.

The most skillful microscopists, with their most effective instruments, are able to examine the forms, colors and nature of monades one hundred-thousandth of an inch in diameter, which is a long way off from the delicate precision above indicated, but still can hardly be called a coarse or clumsy way of investigating material phenomena. The best of human eyes, without artificial aid, can see no objects much smaller than one three-hundredth of an inch in diameter.

Discoveries have been made, since the powers of the microscopic art were so largely increased, which it was afterward found cound have been accomplished with almost equal facility with the older methods and appliances. An instance of this is the ascertaining. with lenses of a focus of less than one-sixteenth of an inch, of the fact that human saliva is filled with flat, irregular, nearly transparent corpuscles. Blood corpuscles are also readily examined, irregularities observed in their forms, and particles of fibrine perceived adhering to them. But if it is true that these discoveries were never made until the improved processes and instruments came into use, it is fair to presume that we are indebted to these advances in microscopic art for the additional facts in natural science thus acquired.

Influence of Religion on Suicide.—The influences of religion are, together with the influence of race, the strongest motive powers which act on the will of man. The discussion as to whether the growth of suicide is to be accounted for by the decrease of religious sentiment scarcely finds place in a work like this. It is a theory generally put forward by moralists whose opinion approaches our own on this subject. On the other hand, the theme of the special influence of various faiths, which statisticians have sought to dispute, presents itself to us, two kinds of proof being deduced therefrom. The first is furnished by the indication of the form of worship to which suicides belong; but, unfortunately, this is represented in very few statistics of Central Europe, and is not always adapted to each case in particular. The second is the approximate relation between the number of violent deaths and the predominant form of worship in given countries; and here the most fertile in results are the statistics of the states having inhabitants of various forms of worship, as Prussia, Germany, Austria, Holland, and Switzerland. The countries of the south, Italy, Spain, and France, have so small a number of non-Catholics that little or no comparative result could be obtained from it. We notice again that, in the comparisons based on the religion of suicides, Judaism figures, in which the influence of religious bonds is complicated with that of race. This is perhaps the only religion bound up in the fate of a single people, whether on account of the exclusiveness of the Mosaic laws, or because no other race is so jealous of its own purity, its own customs, and especially of the faith of its fathers, as the Jewish. In every country where the *chosen* people has been spread, it has always preserved the moral Semitic character, while it has sometimes modified its physical characteristics, as when becoming fair where formerly dark-skinned; the religion of the God of Abraham is the only bond which now unites its scattered members. This strong influence of race obliges one to proceed cautiously in attributing to the Mosaic religion the little tendency of Jews toward suicide. In the most ancient history of Palestine not more than ten suicides are mentioned, and their greatest number belongs to a less pure Jewish period, when, through the Babylonish captivity and through the false prophets, they lost all trace of the ancient law. Already, among the last Jews who had to struggle against the invading Roman power, suicide had become more frequent (Josephus); but, while dispersing themselves among other nations over the face of the earth, the descendants of Abraham have always shown and still show among their moral characteristics an habitual resistance to suicide, although the same can not be said with regard to madness. —Dr. Morselli, *in Popular Science Monthly for December.*

The New Year for 1882.—We take this opportunity of acknowledging the many pleasant letters we have received during the past month or six weeks from readers of the News. It is, of course, vain to hope that any decisive policy will give universal satisfaction, but we are constrained to believe that any course dictated by honest conviction will command respect if not positive support. We are particularly convinced of this by the communi-

cations we have received anent our action on the Joy Electric Device and its endorsement by certain of the faculty of the University of Michigan. It is true several of our readers have disapproved of our position on this question, but only three outside of the faculty, all told, as far as we have been able to ascertain, have ordered a discontinuance of their copy of the paper on account of it, while, outside of the faculty themselves, our motive has not once been called in question. We feel very much encouraged in entering this new volume and are determined to spare no effort to merit the continued commendation of our readers. We trust, and with much confidence in the trust, that we shall receive a continuance of that moral as well as pecuniary support, and closeness of personal relation with our readers, which have made our editorial labors so pleasant in the past.

We will be excused for publishing in this connection an extract from a letter just reced: "You are giving us a splendid journal, and the profession know it. We are pleased to note your independence and devotion to the cause of scientific medicine. When you go to war you go boldly, and we will hold up our (and your) hands for victory."

The Ideal Office Boy.—A secular contemporary displays much of that knowledge of human nature which is so essential to financial, if not therapeutical success in the profession, in its description of a model physician's office boy: "A physician ought to be especially careful in the selection of an office boy. This servant should not be dressed in black, for that would be too suggestive, but in garments of neutral tints, the symbol of uncertainty. He ought not to be the possessor of a cadaverous visage, lest he give the impression that those who enter the doctor's office must abandon hope. Neither should he be florid and rotund, as though sickness was not a serious thing. He should occupy the golden mean between the gay and the grave. He ought not, moreover, to be excessively truthful, lest he injure the practice of his employer. A stranger who had sudden illness at home once asked a physician's office boy: "Is the doctor in?" "No, sir," was the quick reply. "Tell me, has the doctor a great many patients?" The servant became pale, but slowly and solemnly replied: "Not many living, sir." The stranger turned sadly away.

A Dr. Spitzka, of New York, declared on the witness stand in the Guiteau trial, as follows: "The expert who, in this court, will testify that the prisoner is sane, is, in my opinion, no expert, or a dishonest one." If the overweening egotism of the prisoner is to be accepted as an evidence of insanity (and it is the most conclusive evidence adduced), it is high time that Dr. Spitzka's friends were taking his (Spitzka's) case under advisement. Fortunately for the reputation of the eminent alienists who gave unequivocal testimony to the sanity of the miscreant, as well as for the reputation of the doctor himself, the profession and the public will be charitable enough to believe that he made this statement while laboring under an insane impulse superinduced by the surroundings of the court room.

Such is fame: Two Americans, one from Detroit and the other from Cincinnati, registering at the University of Strassbourg. The Rector smiles approvingly at the Detroit man, inquires after several prominent physicians, and refers to the beautiful streets and residences of the City of the Straits, its medical colleges, its magnificent public library, etc. As the Cincinnati man registers, the Rector musingly says, "Cincinnati, Cincinnati, *Nord oder Süd Amerika?*" The gentleman from Porkopolis walks away with unconcealed disgust, muttering, "Is it possible to learn anything from this blarsted Dutchman, who doesn't even know that Cincinnati could hide four such towns as his?"

The future of inoculation (Pasteur's germ theory), From *Punch:* *Customer*—"My nephew is just starting for Sierra Leone, and I thought I could not make him a more useful present than a dose of your best yellow fever. Would you tell me the price, please?" *Chemist*—"Well, ma'am, the germs are so difficult to cultivate in Europe that I would advise your waiting for the next West India mail, when I am expecting a nice, fresh supply from St. Thomas. Meanwhile we would advise our half-guinea traveling assortment of the six commonest zymotics, and could add most of the tropical diseases from stock, at five shillings each. We have some nice Asiatic cholera just ripe, but they are more expensive."

The *Medical News* for January 7th is on our table. This journal has existed in various forms for thirty-nine years and now enters its fortieth year as a weekly. The number before us is a large octavo with thiry-two pages. It is in all respects a first-class journal, and although its editor has seen fit not to reveal himself we congratulate him on the general excellence of the first number. The sterling house of Henry C. Lea's Son & Co. are the publishers, and that is in itself a guarantee that a high standard of worth will be maintained in the publication.

A Mrs. Deming, of Streater, Illinois, æt. 54 years and three months, is reported to have given birth to a child at full term, weighing twelve pounds. But they beat this in France. *L' Union Medicale*, of the 3rd ult., contains a well authenticated account of an ancient Venus of sixty-two, who is now in her sixth month by a young Adonis of twenty-four, the twain having indulged in illicit amours during an alcoholic debauch.

It is with regret that we notice the demise of the *Country Practitioner*. Dr. Townsend announces that "his failing eyesight and other circumstances beyond his control" have obliged him to suspend. We had come to regard the *Practitioner* as a valuable exchange, having on it the stamp of the editor's individuality, and we shall miss it.

Contrary to what might be expected from the rule that the superior race when in contact with the superior tends to die out, M. Ohervin, in *L' Union Medicale* calls attention to the fact that the negro population of the United States, as shown by the census of 1880, is 6,577,151 as against 4,880,000 in the census of 1860, an increase of 35 per cent. This exception to the law of "the survival of the fittest" in "the struggle for existence" finds a sufficient explanation in the fact that the "environment" of the negro in this country is made, through the civilization and enlightenment of the age, much different from that which would obtain in a state of nature.

An Evangelical of Hobart, Australia, it is said, refused to permit his child to be vaccinated with virus obtained from the arm of a Ritualist. He would have no Ritualism in his family. The *Independent* is of the opinion that he did not act wisely. It the child had been inoculated (the theory of vaccine being correct), it would have had only a mild attack of Ritualism—a sort of religious varioloid.

The *North American Review* will present in its February number, to be published on the 15th of the present month, Part III. of its series of articles on "The Christian Religion." It will be from the pen of Geo. P. Fisher, the eminent professor of ecclesiastical history in the Yale Divinity School,—as thorough a scholar and as able a defender of the Christian faith as this country affords. A powerful presentation of the claims of Christianity is expected.

The London *Medical Record* quotes Dr. Martin (*Bull. Gen. de Therap.* Aug. 30), to the effect that that if parsley leaves, freshly pulled, be laid over the breasts of a nursing woman, so as to cover them, and renewed several times a day, the secretion of milk will be lessened, if not indeed actually suppressed. The method will suggest itself in cases in which the usual internal remedies are inadmissible.

Huxley predicts that in the progress of medicine it will become possible to introduce into the economy a molecular mechanism which, like a very cunningly-contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched.

In Arabia, it is said (*Med. and Surg. Reporter*), a piece of dried pumpkin root held against the aching tooth, or gently bitten by it, is a favorite remedy for toothache. Let some unfortunate American reader try it on his aching tooth, and report us the result.

Carbolic acid, in one fourth to one minum doses, is reported by Dr. McDonald (*Edin. Med. Jour.*) to relieve the whoop, check the vomiting and diminish the intensity and frequency of the paroxysms of pertussis in children.

Sir Astley Cooper's ideal of a doctor's wife was that she should be like roast lamb; tender and sweet, and nicely dressed, with plenty of fixings, but no sauce.

The *Medical Gazette* for December 31st comes to hand with no reading matter, the entire space being devoted to an index to the volume. Thrift, brother Bermingham, thrift.

Lawson Tait speaks of Listerism as "one of the largest, best blown, and most attractive bubbles ever displayed to a surgical audience."

Book Notices.

A System of Surgery, Theoretical and Practical. In treatises by various authors. Edited by T. Holmes, M. A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital; Memb. Corresp. de la Societié de Chirurgie de Paris. First American, from second English edition. Thoroughly revised and much enlarged by John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospital, Philadelphia. Assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations.
Philadelphia: Henry C. Lea's Son & Co.

We took occasion on noticing the first volume of this treatise, to express our opinions regarding the general character of the work. The second volume is now before us, and we find it devoted to Diseases of the Organs of Special Sense, Diseases of Circulatory System, Diseases of Digestive Tract, and Diseases of Genito-Urinary Organs. It is not necessary for us to do more in this notice, than to reiterate the opinion given in our notice of Vol. I., unless it is, perhaps, to add emphasis to that opinion. The work is truly encyclopædic in character, but is at the same time sufficiently concise, for the wants of the practitioner. Probably no work on surgery issued as yet from the American press, is at once so comprehensive, and at the same time so concise, while it is at the same time brought up abreast of the times. The practitioner whose practice is even only in part surgical, will find it profitable to have this latest exponent of the science and art in a place convenient for reference.

A Treatise on Food and Dietetics, Physiologically and Therapeutically considered. By F. W. Pavy, M. D., F. R. S., F. R. C P.: Physician to, and Lecturer on Physiology at Guy's Hospital. Second edition.

A Hand-book of Uterine Therapeutics and of Diseases of Women. By Edward John Tilt, M. D., Past President of the Obstetical Society of London; Knight of the Crown of Italy, etc.

These two volumes are the October and November numbers, respectively, of Wood's Library of Standard Medical Authors, for 1881. The subjects and the authors are in themselves a sufficient guarantee that in these two numbers the general excellence of the series has not deteriorated. Pavy on Food and Dietetics has become classical; it is indisputably the best work on the subject now before the profession. The first edition has long been in our library, and we have learned to prize it. Dr. Tilt has an established reputation among British gynæcologists, and the work he here presents deals with the practical part of his specialty in a masterly manner.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A hand-book for students and practitioners By Henry Hartshorne, A. M., M. D., Late Professor of Hygiene in the University of Pennsylvania, and Professor of Hygiene and Diseases of Children in the Woman's Medical College of Pennsylvania; Editor of American Edition of "Reynolds' System of Medicine," etc. Fifth edition, thoroughly revised and improved, with 144 illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

In these days of bock-making, and the issue from the press of so many works which are destined to live, a fact that a book has reached its fifth edition is very significant. Hartshorne's Practice has been familiar to students for at least half a generation, and, differing as it does from most other vademecums, in its happy combination of thoroughness with conciseness, it is a book which may still be recommended to the student while attending lectures. The present edition is by no means a mere reprint of its predecessor, but the hand of the author is seen throughout, in the additions and alterations necessary to bring the work up abreast of the times.

A STUDY OF THE TUMORS OF THE BLADDER, with Original Contributions and Drawings. By Alex. W. Stein, M. D., Surgeon to Charity Hospital, Genito-urinary and Venereal Division; Professor of Visceral Anatomy and Physiology at the N. Y. College of Dentistry, etc.
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

It would, indeed, be difficult to suggest a field of medicine or surgery not now cultivated, but there are some less thoroughly tilled than others, and that of tumors of the bladder is one of these. The monograph before us is a very successful effort toward supplying a hiatus in this direction. It is based on four cases occurring in the author's practice, and the report of these is supplemented by a study of cases taken from periodical and other literature, with which the author evinces a very great familiarity. There are a number of cuts from original drawings, and the book is an acquisition to the literature of the subject on which it treats.

THE PHYSICIAN'S CLINICAL RECORD for Hospital or Private Practice, with memoranda for examining patients, temperature charts, etc.
Philadelphia: D. G. Brinton. 115 S. Seventh St.

The physician who would make the most of his practice for the advancement of his profession, must needs have a book of the nature of that before us. We know of none more convenient or better suited to the purpose than this. It is evidently designed by one who has been taught in the school of experience, and it will be found to answer all demands.

AIDS TO DIAGNOSIS. Part III.—What to Ask. By J. Milner Fothergill, M. D., M. R. C. P. 25 cents.
New York: G. P. Putnam's Sons. Detroit: John McFarlane.

The profession have come to regard anything written by the large bodied and large hearted Fothergill as worth reading. His great good nature seems to bubble forth in his most scientific essays, and his faculty of making himself understood is established. The little pamphlet before us is no exception to the rule which obtains in his writings. It is interesting reading, and profitable withal. A student (post graduate as well as undergraduate), cannot invest a quarter to better advantage than in buying it.

THE STUDENT'S MANUAL OF VENEREAL DISEASES, being a concise description of those affections and of their treatment. By Berkeley Hill, Professor of Clinical Surgery in University College, London, etc; and Arthur Cooper, late House Surgeon to the Lock Hospital. Second edition. Price 10 cents, in cloth.
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

We hazard nothing in saying that there is no work on its subject which combines to the same degree cheapness, ability and practicality, as does the pamphlet before us.

Original Articles.

Abortion and Its Lesson.

BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

The prevention of abortion is a vexatious subject that has been receiving the most solicitous attention, and occupying the minds of all philanthropic people, both lay and professional, for not only the present age, but for past generations. Notwithstanding such attention, however, the fact is patent to all, that the crime is increasing with alarming rapidity. The clergy have preached to, and warned their congregations against the evil practice; lawyers have drafted new laws upon it, and have sought to enforce existing ones against it; and doctors have discussed means for its prevention; but all with little or no avail, for the pregnant woman still seeks to destroy her unborn offspring, and the abortionist continues to reap his yearly increasing harvests of blood money. It is an evil that will "not down!" and, like its fellow crime of intemperance, it seems to thrive upon opposition.

As noted above, the plan hitherto followed for the suppression of abortion has been legislation and moral suasion by the lawyers and clergymen, while the medical profession, as a whole, have held up to woman's gaze the present and remote deleterious effects upon her health of thus contravening nature and nature's laws. There is undoubtedly a sufficient means, in all cases, for supplanting evil practices, and the only trouble consists in the difficulty of selecting the proper means. The present existence and growth of the evil, abortion, is presumptive evidence that the means used for its suppression is in part, or wholly, inadequate to the end. As physicians, we have nothing to do with the moral aspect of the crime; our province ceases with the consideration of its hygienics. But as citizens we are interested in any and all means promising the suppression of this with all other crimes. If the evil were confined to illegitimate pregnancies, and only practised as a means for preventing betrayed girls' shame from publicity, it might then be more subject to control. The evil is, however, by no means restricted to this class, for married women practiae the abomination in a much larger ratio than do their

single sisters. It has been said that while no station in society is free from the evil, the rich and educated portions are those who are most addicted to it. I believe the very opposite to be true, and while I have no doubt that such people do at times murder their unborn children, still the poor and the uneducated commit the crime, in proportion to their number, much more frequently, and for the reason that they have much more cause to do so. Poor, and especially working women, become pregnant much oftener than their more fortunate sisters. There are many good and sufficient reasons for this. Wealthy women are very liable to live sedentary lives, and hence do not get the exercise which is always conducive to good health; working women, on the contrary, get plenty of it, and as a consequence, are stronger and healther, and a healthy woman is much more liable to become pregnant than one who is sickly, or if not absolutely sickly, at least weakly. Again, there is not the same motive to commit the crime, if people are wealthy, as they have plenty to feed, clothe, and educate their children with; while the very reverse is true of the poor. Another reason why wealthy women do not become pregnant, is that they are, as a rule, better educated, and, as is well known, as people become more and more enlightened, they are less liable to bear many children; they have as many as they want and no more, while the unenlightened have many more than they want or can care for properly.

The old and much worn argument of "duty to bear children," does not apply in these crowded days, and if it did, are there any who are verdant enough to think for a moment that a single one of the parents with families composed of a dozen children, graded all the way from one year to twelve, thought of his or her duty while begetting any one of their numerous progeny? I trow not. In most instances they simply thought of their unbridled brute passions, and at the supreme moment of coition were absolutely thoughtless and regardless of results. In a recent journal I noticed the following: "The ends of nature are defied, and one of her laws violated whenever the holier purposes of intercourse are ignored, and indulgence is had simply to gratify the baser passions." I should like to inquire of each individual reader how often he indulges in sexual intercourse for any purpose other than to gratify his animal passions? The idea of one's indulging in sexual union, because of his or her duty to society, "nature's laws," or "holy purposes," is preposterous as well as ludicrous, in fact. If there were no more pleasure in coition than in shaking hands, I apprehend the next generation would be pretty small in point of numbers, even though duty were constantly knocking at the door of a dutiful people. It has been said that people sometimes "mistake potatoes for principles," and I greatly fear they also mistake the gratification of their carnal desires and the animal part of their natures for duty. At times, at least, they use duty to their Maker and country as an excuse for their licentiousness, and try to force the cheat upon their own consciences and the public, which is the same thing. As a rule, men feel this duty to beget children much more keenly than women, and the circumstances would seem to indicate that the bearing of them might have something to do with blunting that sense of duty.

Some one has said, that "there is more prostitution within the connubial state than outside of it." That being true, is it any wonder that the miserable creatures seek to rid themselves of its fruit by committing abortion? Some medical teachers and writers have pandered to the notion spread among the people by the priesthood, that it is their duty to raise many children, and have prefaced the books they have written with claims that certain diseases ware the penalty paid by those who seek to escape childbearing, either by prevention of conception, or by celibacy. The profession have to bear the odium of its members' mistakes often enough, without adding to the already large number this foolish and absurd fanatacism. Chief among the claims made, is the one that the act of prevention, by whatever means accomplished, produces at the time congestion of the female sexual apparatus, and frequent repetitions of this condition induce hypertrophy and hyperplasia of the uterus and ovaries. There might be a little force to this kind of argument, only for the well known fact that there is always congestion of these organs during sexual intercourse from natural causes, and that as soon as the act is accomplished, the congestion, or determination of blood to the part begins to subside. If the act be not finished, the congestion also begins to subside as soon as contact ceases. If prevention is accomplished by the use of a syringe, then the subsidence of congestion is hastened by the process; else why do we use the syringe in cases of congestion and inflammation of those parts? It must be apparent to all physicians that this congestive pathology is a myth. Again, in reply to the claim that disease follows as a result of prevention, every gynecologist in the country will bear me out in the statement, that more than two-thirds of the diseases of women are either directly or indirectly caused by the parturient state or process. It seems then, this being true, that married women are less liable, by two-thirds, to become victims of disease if they prevent conception; this premise is, I believe, literally true. It, however, reduces the horns of the dilemma to two, either of which can be taken.

Admitting the foregoing statements to be true, it would surely seem as though the means hitherto used were insufficient for controlling and suppressing this most revolting of crimes, abortion. So long as men and women are possessed of their present animal passions, abortions will be, as at present, of frequent occurrence, and abortionists will thrive and increase, as the demand for their services is increased; the old rule of supply and demand. They are daily becoming more and more expert in their iniquitous trade, and are now able in most

cases to defy the processes of law. Conviction is the exception, instead of, as it should be, the rule. That the cure for this festering ulcer consists of the prevention of pregnancy, and that alone, I am, and have been for a long time convinced, and since time has demonstrated the futility of all legislation against abortion, and the abortionist, as well as the people's utter disregard of the sermons of our most eloquent divines, upon the wickedness and immorality of the act, it would do no harm to at least try some other tactics. If every physician would teach each one of his patrons how to prevent conception, abortion would be throttled in a twelvemonth, and the abortionist would have to "seek pastures new."

As stated in a former article, I do not believe that any woman should be forced to become an unwilling mother, if for no other reason than the physiological one, that the neurasthenia of the pregnant woman has a pernicious influence upon the child in utero.

In answer to the theory of very good people, if conception were not prevented it might result in a human being and perhaps a useful one, we may say that its exact parallel exists in the menstruating woman who each month allows her ovule to escape unimpregnated and to become destroyed. If fecundated it might make a useful human being, but no one would class such destruction as either immoral or criminal, although nature impels the woman to seek fecundation near the time of eruption. There are large numbers of old married people, long since past the child bearing period, who have practiced prevention during the whole course of their married life, and methinks they would laugh to scorn, the physician who told them they must pay the penalty of disease for their indiscretion.

As to the danger of our race becoming extinct, perhaps it will be a comfort to those earnest philanthropists who make direst claims, to know that at the present rate of immigration and increase the public domain will be exhausted in thirty-five years.

Some months ago I wrote an article which was published in the NEWS, and in that article I touched upon this subject of prevention of conception. Since that time I have received numerous letters from physicians endorsing the position taken, and asking me to give them what I considered some of the best methods of preventing conception. These letters show that a portion of the profession see the necessity of dealing with this matter by some other method than by telling their patients to "let nature take its course" if they would escape dire consequences. The following letter received since I commenced this article, is a fair sample of the many received since the publication by the NEWS of the article referred to above, and as it illustrates the position taken, I give it, minus the doctor's name: "DR. O. E. HERRICK.

Dear Doctor—Do you know of any certain method of preventing conception? There are many women who have large families now, whom it would be doing a kindness to post them so that they might rest a while, until they could do justice to their already numerous progeny. Any information on the subject will be thankfully received and liquidated if necessary." Yours.

———, M. D.

Pipestone City, Minn.

In answer to this and other letters I will give what I consider safe, and at the same time effectual treatment. Injections as ordinarily used are very unreliable, if only water is used, but if carbolic acid is added to the water, and it is used immediately after connection, it will often prevent conception. Injections properly used, if of nothing but pure water, are an absolute protection. They should be used with a vaginal syringe, with a large speculum pipe as large as an ordinary glass tubular speculum, with the rubber bulb attached directly to the end of the speculum pipe and no rubber tubing intervening. These syringes are now made by several different manufacturers, and are all of about equal merit. The Rubber Co. make a very good one with vaginal pipe and bulb all rubber; the others have a glass pipe with a rubber bulb attached. The first syringe of this kind made, was in New York, and is now called the "Comstock Syringe" after Anthony Comstock, who prosecuted the manufacturers for sending the syringes with directions for using, through the mails. He was beaten, however, and has the honor of having a useful instrument named after him. These syringes wash the whole vaginal canal, and, after the fluid is expelled from the bulb into the vagina, by allowing the bulb to gradually expand under the hand, the fluid is drawn from the vagina back into the syringe bulb again, bringing with it the whole contents of the vagina. If one of these syringes be promptly used after intercourse, conception will surely be prevented, for every drop of the male fluid deposited within the vagina is removed with the withdrawal of the injected fluid by the expansion of the syringe bulb. I have recently noticed a syringe advertised in the NEWS, by Parke, Davis & Co. that I have no doubt would answer the purpose nicely, as it has a large speculum pipe, and thus washes every portion of the vagina, a point that is essential in an instrument used for this purpose. With a little practice these syrlnges can be used without spilling a drop of the fluid, and hence can be used without getting out of bed.

Of the other means to be employed for the purpose of prevention, withdrawal of the male organ before ejaculation takes place, may be mentioned as one of the oldest means, and has been practiced by many people without bad effects, except in the diminution of pleasure. Notwithstanding the claim by some medical writers that bad results must follow such practices, and I apprehend that those promised results are theoretical rather than practical. Of the medicines used in injections, carbolic acid stands at the head, on account of its well-known effects upon low forms of organisms. Acids added to the fluids to be injected will also destroy the vitality of the semen. Plumbi acetas, zinci sulphas, acid salicylicum, etc., will undoubtedly produce the same results if brought in contact with all the spermatozoa

depcsited within the vagina. The introduction of pieces of sponge into the vagina before connection, has proved to be ineffectual sometimes; and I have also known women to be disappointed who placed confidence in a "womb veil. After giving considerable attention to the subject, and watching closely the results in people whom I knew were practicing the measures, I am convinced that the only sure preventive is in injections, as detailed above. Perhaps some will say that this plan has too much paraphernalia about it, and necessitates the taking of too much trouble, and that, too, at a time when the nervous organism is most inclined to indolence. In reply to this I can only say that if the game is not worth the powder, why, they need not use it. But in support of the practical workings of the plan, I can call to mind numerous poor women, who were married slaves to their husbands lust, who have pursued this method for years since I took pity upon their miserable condition, and taught it to them. Without any more responsibilities of the kind being added to their already large number, thus giving them time to properly care for what they have, I have also noticed that these women are not among those who apply for gynæcological treatment. The latter patients, on the contrary, come from the rapid childbearing women. This has been the rule in my practice as I have no doubt it has been with other physicians engaged in the treatment of diseases of women.

54 Monroe St.

Laryngeal Paralysis.

A CLINICAL LECTURE BY PROF. H. C. WOOD, M. D., PHILADELPHIA.

This man was recently admitted to the hospital with chronic rheumatism, for which he is still under treatment. In addition to the disease, you see that he has lost his voice almost entirely, and that he speaks in a peculiar, gruff, laryngeal whisper, with slight effort and waste of breath. On making a laryngoscopic examination, I find that there is a paralysis of the right vocal cord, which remains rigid in the post mortem condition, and that the cord of the sound side is forced to cross beyond the middle line to meet it so as to produce the voice. Questioning him with a view to getting at the cause of his condition, I find that about a year ago, during a raging storm, the sheet of his vessel went adrift, and that one of his flying ropes caught him round his neck, right under the hyoid bone, on the right side, almost strangling him. There was some little pain remaining after he was released from his precarious position, but he noticed nothing else until he woke up next morning, and soon afterwards found that his voice was entirely gone. Physical examination reveals no disease in the lungs or other intra-thoracic lesion, so that there is good reason to consider that the injury received was the undoubted origin of the vocal lesion. This injury was probably severe compression of the recurrent laryngeal nerve in the cervical portion of its course. It might be thought that the chronic rheumatism of external articulations might indicate a similar condition of the affected side, which is immobile on voluntary effort; but the distinct history of local lesion immediately preceding impairment of voice leads to the other conclusion; in addition to which it may be stated that the patient affirms that the accident and loss of voice preceded the rheumatism. Unilateral paralysis of the right vocal cord is a rare lesion, because the recurrent laryngeal nerve on that side passing under the subclavian artery, between it and the apex of the right lung, is chiefly subjected to pressure from disease implicating the apex of the lung or the artery, and protected from most intra-thoracic lesions. The recurrent laryngeal nerve on the left side, on the contrary, passes round the aorta, and runs up behind it along the tracheo-œsophageal groove, between the trachea and and œsophagus, and is therefore likely to be compressed by a variety of intra-thoracic humors, enlarged glands, aneurisms of the aorta, pericardial effusion, perhaps, and so on. The only point where the right recurrent laryngeal nerve can be compressed is at the apex of the lung, and the cause of compression there is usually a deposit. Of course, when tumors or deposits are situated on both sides, both of the recurrent laryngeal nerves may be compressed.

As I have mentioned, the vocal cord of the left side passes over to the right side so as to meet the vocal cord of that side, its arytenoid cartilage passing within that of the paralyzed side. The physical conditions for phonation are thus fulfilled, and this is the reason why there is usually more or less voice in unilateral paralysis. Indeed, in some cases there is little change in the quality of voice, only less in volume. A unilateral lesion of the recurrent nerve is almost invariably due either to compression exerted upon some part of the nerve, or to some cerebral lesion. This latter may be either traumatic, specific, or idiopathic in its origin. It may also be due to atrophy, or disorganization of the muscles concerned, or of the nerve tracts distributed to them, and this remark holds good for certain cases of bilateral paralysis also. A bilateral lesion in which both vocal cords are affected, may likewise be due to a cerebral lesion, or to some source of compression upon the courses of both the nerves. Occasionally a compression of one nerve produces reflex paralysis on the opposite side, so that the phenomena of essential bilateral paralysis are presented. Paralysis of both of the vocal cords is also occasionally present in anæmia, chlorosis, phthisis, and as a result of a reflex influence from affections of the nerves, pharynx, and œsophagus, from diseases of the stomach and intestines, and even from disorders of the genito-urinary and other remote organs. This bilateral paresis of the vocal cords is likewise frequently a manifestation of hysteria, and when thus brought on, the loss of voice goes by the name of functional, or hysteric-aphonia. Sometimes it is unassociated with hysteria, when the loss of voice is designated as ner-

vous aphonia. Another frequent cause of the condition is found in out-door service, with exposure in house-cleaning to damp and inclement weather. Quite a large proportion of our clinical cases are thus attributable to exposure to cold in servants who hang out clothes in wet weather or who "clean the front" In both these varieties of cases there may be more or less imperfect attempts as approximation of the posterior portions of the vocal cords, but still they do not meet, and hence no voice is heard. Sometimes they meet as far as the vocal processes of the arytenoid cartilage, and gape behind, indicating paralysis affecting the arytenoid muscle only. When the paralysis is complete on both sides it not only affects the muscle drawing the vocal cords together, but also the muscle drawing them apart, the double effect being the production of an immobile condition of the glottis in the post-mortem, or cadaveric condition. This, however, is not frequent. This brings us to a consideration of the symptoms.

The symptoms of paralysis of the recurrent laryngeal nerves are dyspnœa, together with more or less dysphonia or impairment of voice, or complete aphonia or loss of voice as the case may be. When complete or when affecting the posterior crico thyroid muscle, especially when bilateral, there will be stridulous inspiration. In unilateral paralysis, as in the case before us to-day, the voice is usually not entirely gone. This is due to the fact already stated to you, that the vocal cord of the sound side crosses over to the paralyzed side, while the mobile supra-arytenoid cartilage passes inside of the stationary one to permit the apposition. In bilateral paralysis of the recurrent laryngeal nerves there is also difficulty in expectoration and in coughing, because these acts require the approximation of the vocal cords to give a fulcrum for the special expirating movement that accompanies these acts. When a person talks in the laryngeal whisper there is very apparent and fatiguing loss of breath. This is not the case, however, when the labial whisper is employed where the whole of the expirating current is utilized. In unilateral paralysis, as a rule, there is no difficulty either in expectoration or coughing. The diagnosis of bilateral and unilateral paralysis is only absolutely demonstrative upon laryngoscopic examination though it may be inferred from the symptoms and the existence of certain diseases. Making this examination it will be seen that either one, or both of the vocal cords remain more or less immovable and do not reach the middle line, in attempts at phonation. When the case is one of unilateral paralysis it is always well to suspect some compression of the nerve and it is therefore always necessary to examine carefully both the cervical and intra-thoracic regions for the presence of tumors or other enlargements which might press upon the nerve in some part of its course.

The condition of the cerebral organs requires investigation to judge of the existence of central si on involving the points of origin of the pneumogastric or spinal accessory nerves. The prognosis in bilateral paralysis, if it be not due to some central lesion, is usually good, not only as regards the life of the patient but also with reference to the complete and perfect restoration of his voice. In unilateral paralysis the prognosis depend on the nature of the causal lesion, and very often it is decidedly bad since lesion of the recurrent laryngeal is often of itself fatal. If on the left side this lesion is very apt to be either an aneurism of the aorta, or else a mediastinal carcinoma. As regards the proper treatment, in unilateral paralysis it should be directed to the cause of the condition, whatever that may be. If there is still partial mobility of the cord attention should be directed towards the increase of this power of movement by electric excitation. Otherwise the treatment is similar to that about to be intimated for the bilateral lesion. In bilateral paralysis also the treatment should be directed to the cause if it can be detected. Here such nerve tonics as strychnia, phosphorus, iron, and cod-liver oil are indicated. In cases of weakness and inability to send the nerve current as it were from brain to ultimate distribution at command of the will, the so-called instances of hysterical and nervous aphonia, any excitation applied directly to the vocal cords is almost certain to bring about a cure. A sponge probang may be moistened and brought into contact with the cords which are thus thrown into a state of spasm and so brought together; sprays of water, of ether, or of anything else at hand projected upon the part have the same effect; the same, too, holds good as regards pungent inhalations of iodine, chlorine, ammonia and other volatile substances. When all these remedies fail, direct electrical excitation is almost always satisfactory. It is a matter of indifference as to what kind of electricity is employed. The stimulus should be applied directly to the paralyzed muscle, the cord, or the nerve tract. The result is always the same. In employing electricity place one electrode by means of a small moistened sponge directly over the crico-thyroid ligament out side, so as to be as near as possible to the vocal cords, which are in part continuous with this membranous structure, and carry a small electrode having the shape of the laryngeal curve into the larynx, placing its point either between the cords, or in contact with one of them. The current is interrupted by means of a spring connection or the intra-laryngeal electrode, controlled by the forefinger of the operator. From four to five introductions of a few seconds duration each, should be made daily untill the voice returns. This result may be brought about by a single application. When the voice has returned the application should be repeated at more prolonged intervals as long as required. Where intra-laryngeal electric excitation is not possible the percutaneous method may be tried. This consists in passing a current from one side of the neck to the other and so through the larynx. The current thus applied should have slow interruptions and continue for from two to five minutes. If there is an electric

machine at hand, the patient may be placed upon the insulating stool and a spark be drawn from the cricoid cartilage with the knuckle; when other methods fail this may be very effective. In cases of hysterical aphonia a cure may be effected by the mere introduction of the laryngeal mirror, the patient being given to understand that this is the curative procedure,—a plan often successfully pursued in our clinical service. A little confidence upon the part of the patient, joined with an effectual exhibition of will power upon the part of the physician will often combine in restoring the voice at once and without further trouble. Another method of cure is to stand behind the patient and grasp the thyroid cartilage between the thumb and forefinger, while at the same time the middle finger is placed under the cricoid cartilage, pulling it up and in front of the thyroid. In this way the vocal cords are stretched and made tense and so caused to vibrate by means of the inspiratory current. Oliver's method, consists in grasping the larynx externally and endeavoring to approximate the arytenoid cartilage slightly by means of the thumb and finger, at the same time persuading the patient to try and phonate during the process of manipulation. When the paralysis is due to atrophy or disorganization of the muscles, or of nerve tracts, it is irremediable by drugs or electricity, and if there be permanent dyspnœa from occlusion of the glottis, tracheotomy may become necessary, with permanent retention of the canula.

Convergent Squint and Ambliopia in High Degrees of Hyperopia.

BY C. J. LUNDY, M. D., PROFESSOR OF DISEASES OF THE EYE, EAR AND THROAT IN THE MICHIGAN COLLEGE OF MEDICINE, SURGEON IN CHARGE OF THE MICHIGAN EYE AND EAR INFIRMARY AND OPHTHALMIC SURGEON TO MICHIGAN COLLEGE HOSPITAL, DETROIT.

Nearly all writers on ophthalmology tell us that convergent squint, when due to hyperopia, is found in connection with moderate degrees of that refractive error. They tell us that "squint is generally absent in the high degrees of hyperopia," for the reason that the individual prefers to see distinctly, rather than submit the ciliary muscle and the interni to the enormous strain which would be necessary for distinct vision.

Undoubtedly it is a fact that squint occurs but rarely in absolute hyperopia, that is, where the refractive error is of such a degree that no effort of accommodation, however great, will enable the individual to focus parallel rays upon his retina. In relative hyperopia, however, it is possible for the patient to focus rays upon the retina by a great effort of accommodation. In youth very high degrees of hyperopia, may thus be overcome, on account of the great range of accommodation in early life. It is in early life that convergent squint is likely to occur, and although the accommodative effort requisite for distinct vision cannot be long sustained by the highly hyperopic eye, yet it will be made, and its repetition brings about the conditions which lead to squint.

Of the many cases of convergent strabismus which have come under my care, I have found a considerable proportion connected with hyperopia of a high degree. By "hyperopia of a high degree" I mean greater than one-twelfth. Within a short period I have seen several patients whose hyperopia was one-eighth or greater, and of these about one-half had convergent squint. In one instance the hyperopia equaled one-sixth. This was the case of Willie E., æt. 15, who came to the clinic of the Michigan Eye and Ear Infirmary on Dec. 1. The degree of squint was very marked, and the right eye was found to be amblyopic from want of use. Dr. A. Thuener, Assistant Surgeon to the Infirmary operated upon the right eye and one week later I severed the tendon of the left internal rectus. On both sides a free dissection of the conjunctiva was made with a view to obtaining the fullest effects of the operations. The result was satisfactory in all respects, and the squint was entirely corrected. In the course of a few days a solution of atropia sulphate (gr. iv to the ℥ j) was instilled into the eyes preparatory to determining the exact condition of the refraction. The result was as follows: Right eye, vision 8-200; with +1-6 s.⌒+1-48 c. axis 90°. it =20-200. Left eye, vision=20-160; with+1-6=20-20 with ease. While in theory it would seem correct to neutralize the whole amount of hyperopia, yet in practice it will not be found satisfactory so to do. If glasses which fully correct the refractive error are given, the patient usually complains of eye-ache. One who has been accustomed to keep the ciliary muscle constantly in a state of powerful contraction, necessarily finds it difficult to entirely relax this muscle. Even for near work, very strong convex glasses prove somewhat annoying by greatly magnifying the retinal imaages.

In many of these cases of hyperopia of high degree, one eye is found to be amblyopic from want of use. This amblyopia occurs in eyes where there is no squint as well as in eyes where squint exists, but, of course, it is more likely to occur in a squinting eye. I have met with numerous instances where one of the eyes had vision equal to only 1-10 to 1-30 of the normal, and in which there was no abnormality save the refractive error and the lack of development. In such cases the perceptive power of the retina had never been properly developed. Indeed, in such cases the eyes are undeveloped eyes. Any one who carefully examines such eyes can demonstrate this to his own satisfaction. The optic nerve is much smaller than in the emmetropic or natural eye. It would seem, too, as if the lack of development, both physical and functional, were particularly marked in the retina and nerve.

For such cases much can be done in the way of developing the visual power. To this end I direct

that the amblyopic eye should be used alone for a certain period each day. A convex glass which fully corrects the refractive error should be given for the amblyopic eye, while for the other eye a "ground glass" is given. The frames should be so fitted that the good eye can absolutely see none of the print or other object used for the exercise. Now a primer with large type, or what is better still, a book of Jager's graduated test types may be used for reading exercises. At first the type selected should be sufficiently large to enable the patient to read with tolerable ease. and gradually smaller and smaller type may be substituted. The time which should be devoted to such exercise would depend somewhat on the comfort of the patient, but usually fifteen minutes will be long enough at the beginning. Each successive day it will be advisable to lengthen the exercise a little—say one to three minutes—until it reaches an hour in length. Of course such glasses as above described should be worn only when exercising the amblyopic eye. If the patient will but persevere and be systematic in the work, the results are usually satisfactory.

A few days since, I carefully examined an eye that has been under "training" in this manner for nearly three months, and was pleased to find that vision had increased five fold.

52 Lafayette Ave.

Selections.

A Modification of Lister's Antiseptic Dressing.—In the *New York Medical Journal and Obstetrical Review* for December, 1881, Dr. James L. Little, Professor of Clinical Surgery in the University of the City of New York, states that, while having full confidence in Mr. Lister's antiseptic method, he, like many others, has long recognized the great difficulty that must needs be experienced by the general practitioner in attempting to carry out the minute details of the dressing. Dr. Markoe's "through drainage" was a decided step in this direction, but it is appropriate only where drainage is necessary, and, simple and efficient as it is, it requires a certain degree of attention, which, while easy for the hospital surgeon, is not sufficiently so to guarantee its extended use by the physician in charge of a large general practice. Aside from the difficulties incident to the application of Mr. Lister's dressing, it has been found that surgeons in country towns distant from large cities have great trouble, and often are unable to procure good antiseptic gauze at the time when it is needed. The gauze sold in most of our stores is frequently not in an antiseptic condition, and, as Dr. R. F. Weir has demonstrated (*New York Med. Jour.*, January, 1880), even when kept wrapped up in rubber cloth and in a box it will deteriorate in a few months. Furthermore, the materials necessary for fully applying Mr. Lister's dressing are somewhat expensive, a very important fact when we consider that the majority of accidents and operations that call for this procedure occur among those who are able to bear but little expense. Dr. Little for several years has been surgeon to a large factory in New York, in which three thousand hands are employed, and where injuries by machinery are quite frequent. These injuries consist chiefly of wounds of the hands and fingers, caused by their being caught in the cogwheels and other parts of the machinery. In many cases the fingers were torn off, tendons are pulled from their sheaths, joints are opened, and the hands are often severely crushed and lacerated. In all of these cases he has, for the past six years, been using the following antiseptic dressing: Having put the parts in a condition for dressing, he washes the wound in a solution of carbolic acid of the strength of one to twenty; he then covers the parts with a thick layer of borated cotton, and then snugly and evenly applies a simple gauze bandage. At first he used bandages made of antiseptic gauze, but for the past three years has used those of plain uncarbolized cheese-cloth. These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made of unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid, which is of the strength of one to one hundred. The author employs Squibb's solution of pure carbolic acid, which is of the strength of one to fifty, and which, when mixed with an equal bulk of water, gives a solution of the desire strength. The parts should be kept at rest, and the dressings may be left undisturbed for several days, unless there is pain, rise of temperature, or discharge through the dressings. These conditions are always to be considered indications for renewing the dressings. In many cases were rubber drainage-tubes have been used they may be removed at the second dressing, and, if catgut has been used for sutures, this second dressing can be allowed to remain on for an indefinite period. In a number of cases of lacerated wounds the first dressing has been allowed to remain on until the wound has entirely healed. In these cases the external use of carbolic lotion was discontinued after the fifth or sixth day, and the dressings would become dry and hard, the wound healing, as it were, "under a scab." The patient should be instructed to loosen the bandage at once if any pain occurs. Out of nearly three hundred cases of open wounds involving the fingers and hands, thus treated, not one has been followed by inflammatory symptoms. Extensive lacerated wounds have healed, and dead tissue has sloughed away, without giving rise to any of the so-called symptoms of inflammation. Neither pain, redness, heat, swelling, nor constitutional disturbance has resulted. In no case has there been reddening of the lymphatics or tenderness of the glands. No counter-openings have been necessary. Pain has been entirely absent, so that anodynes have not been needed, save in a single case, and that for one night only, and to control slight restlessness. The author thinks these results the more remarkable from the fact that many of the patients were in an unhealthy condition, some suffering from anæmia, some from cardiac disease, phthisis, and the like. After giving a case of amputation of the leg, exemplifying the method, Dr. Little expresses the opinion that the value of cotton-wool as an antiseptic dressing is not fully appreciated. Used in the way he has indicated, it seems to be as perfect an antiseptic dressing as the gauze and other materials recommended by Mr. Lister, while at the same time it is free from all objections that pertain to the latter, and which materially hinder their use by the general practitioner. If applied in sufficient quantities around an open wound, it protects it thoroughly from the "floating matter of the air" which is supposed to be the real inciter of suppuration. It is the best germ-filter known to us. To insure success in cases where the dressing is used, full precautions as to rendering the instruments, sponges, and the hands

of the surgeon aseptic, and the use of drainage-tubes if necessary, should not be neglected. Catgut or torsion should be used to arrest hæmorrhage. The spray may be resorted to, if thought necessary. At the second dressing the author now usually applies carbolized oil, of the strength of one to twelve, to the wound to facilitate the removal of the cotton, which is otherwise apt to adhere after the first dressing.

Successful Treatment of Gonorrhœa.—W. D. Wilson, M. D., Surgeon-major, in the English service, sends a brief item of correspondence to the *London Lancet* for September, in which he speaks of his uniform success in the treatment of gonorrhœa with injections of sulphurous acid and water.

It is not uncommon to find similar communications from this and that gentleman in the various medical journals, relating their unusual success in the treatment of gonorrhœa with certain remedies; whereas in the hands of others there seems to be nothing unusual in the remedies severally suggested. What is the explanation?

Without ever having tried the remedy, I think it is safe to conclude that if the gentleman mentioned above thinks there is any special advantage to be had in the treatment of gonorrhœa with sulphurous acid over other known useful remedies, he is mistaken. And I think the sources of his error are to be found in his communication; and are these: First, the number of cases of true gonorrhœa that he treated was small; next, the success in the management of such cases as he did treat was due to the manner of giving the injection more than to the special efficacy of the remedy. After giving his instructions (which are given below), he says that, if they are strictly followed, "the purulent discharge will become scanty on the first day, and on the third day it will be replaced by a thin gleety discharge, which also disappears in a couple or three days."

He does not state at what stage of the urethral inflammation he began the injections. But if he began them immediately on the first appearance of a discharge of pus, and got the results just mentioned, he did not have to deal with what may properly be called a specific urethritis. For support in this statement, I appeal to the experience of all those who have treated and carefully watched the course of a moderate number of cases of clap. Such will bear me out in the statement that there is a form of urethritis that comes on with peculiar acuteness in from two to five days after exposure, and runs through an acute stage of three, four, or more days; that there is another form of urethritis, with a purulent discharge appearing within a few hours of exposure. In the former of these the mucous membrane of the urethra has undergone such a pathological change, and reached such a condition by the time that a secretion of pus begins, that it is just as impossible that it can be restored to a normal condition in a short time, as it is that a lung in the second stage of pneumonia can be restored to its normal condition before the disease has run a more definite course.

Injections given during this acute stage may arrest the discharge, and, according to their character, may be more or less grateful to the patient. But the other evidences of an acute inflammation remain. After the subsidence of this acute stage, the urethritis, if left to itself, will run through a sub-acute, and may be a chronic stage; but if mild astringent injections are given properly, the discharge soon ceases, and all appearances of inflammation rapidly disappear.

There are reasons for thinking that the cases treated were either cases of non-specific urethritis, or cases of specific urethritis taken towards the end of the acute stage; in which case equally good results may be had from any mild astringent properly used. This last item is a very important one. Mr. Wilson's directions for using injections are excellent, and I think his success largely due to his method. He says: "I find it necessary for the attendant to give the injections, for if is is done by the patient, it is never well done, most of the fluid escaping back outside of the nozzle of the syringe. The injections should be kept in the urethra from three to five minutes. If the patient complains much of pain, or if there is a tendency to chordee, it will be then sufficient to administer the injections once or twice in 24 hours."

Articles of this kind are apt to mislead as to time necessary in curing clap, as well as to the special efficacy of certain remedies. My reasons for noticing one particularly are, that it appears in a prominent journal, and that the writer is explicit enough in his statement to make it easily criticised.—*Fry, St. Louis Courier of Medicine.*

Opening and Drainage of Cavities in the Lungs.—It is only a little more than a decade since Prof. Mosler, of Greifswald, in Germany, conceived the brilliant idea of combating cavities in the interior of the lungs by surgical means. Although experience has since demonstrated that this procedure is of no avail in consumptive cavities for which it was first employed, yet the operation did this much good, in that it called the attention of the profession to the profession to the surgical treatment of cavities in the lungs, and directly established the fact that such cavities might be opened and drained with comparative impunity.

Drs. Fenger and Hollister, of Chicago, in a paper on this subject in the October number of the *American Journal of the Medical Sciences*, state that thus far only six cases of this form of interference with cavities have been reported, and only one, their own case, was successful in so far that it terminated in complete recovery. The clinical histories of these several cases are communicated in this paper, the original case being one of suppuration around a large echinococcus cyst in the lung of twelve years' standing. An incision was made in third intercostal space anteriorly, through which the large cyst was subsequently removed. A counter opening being made between the fifth and sixth ribs, a drainage tube was introduced, and daily injections of carbolic acid practised. The authors conclude that "the operation is justifiable in any case where the presence of a gangrenous or ichorous cavity having been ascertained, it is found that, notwithstanding an outlet through the bronchi for a portion of the contents of the cavity, it steadily fills up again, the partial evacuation does not relieve the patient, who gradually loses strength and advances towards a condition of collapse; a steady or intermittent rise in temperature continues; the infection of the healthy portions of the lung from the decomposed contents of the cavity has commenced, or is evidently about to take place; the breath and expectoration continue fetid; absence of appetite; increasing weakness, with or even without fever, etc. These indications will enable any medical man of some clinical experience to determiue, in the majority of such cases, when the disease has reached a point from which spontaneous recovery is impossible." At the same time it is observed that any cavity covered by the scapula, or situated within the supra-clavicular and infra-clavicular regions may at

present be regarded as inaccessible. The immediate indications and details of the operation are fully discussed in this paper, as well as the methods of after-management of an interesting class of cases otherwise not amenable to treatment.

THE NERVOUS SYMPTOMS OF LITHÆMIA.—Among the subjects which have been of late more clearly recognized is that of lithiasis or lithæmia. Able researches have done much to direct the attention of the medical mind to it, and the outcome is that it is distinctly known that a state exists which is closely allied to gout, a half-gout that does not bring with it the inflammation, pain, and obvious swellings of the gouty paroxysm, but which works more silently, is characterized by the abundance of lithic acid or lithates in the urine; frequently coexists with signs of ill-assimilation of food, and with aches and pains unaccompanied by any perceptible changes of the aching part. Hepatic derangement is also often found; and from this end of the chain the links are stretched through many vague, almost nameless, symptoms to outbreaks of true gout, or to structural change in heart, vessels, and kidneys. To the peculiar, often obscure, nervous symptoms arising from this condition of the blood, attention is pointedly directed by Prof. Da Costa, in a clinical paper on the "Nervous Symptoms oj Lithæmia," in the number of the *American Journal of the Medical Sciences* for October, 1881. One of the most prominent symptoms, according to Da Costa, is vertigo. This properly speaking, is not the *vertigo a stomacho læso* of Trousseau, although gastric derangement may be associated with it, having but little connection of a direct character; or one may exist independently of the other, as well as of the more obvious symptoms of lithæmia. Each symptom of the disease is carefull studied by Dr. Da Costa, and the salient points in the clinical history are illustrated by a number of original cases. In the treatment the correction of the state of the blood is of primary importance. Careful regulation of the diet, reducing both nitrogenous elements and hydrocarbons, forbidding alcoholic drinks, and allowing plenty of water, while systematic exercise. especially in the open air, and due attention to the state of the skin, are all essential. Medicines favoring excretion, purgatives, especially the natural mineral waters, which, at the same time, are diuretic, are to be preferred. Citrate of lithium is particularly serviceable, iodide of potassium and colchicum less so; while remedies, having a direct action upon the nervous system, are to be avoided or used very sparingly, and, as a rule, to be reserved for special occasions.

HYPODERMIC INJECTION OF WATER IN THE TREATMENT OF PAIN.—In the *Gacete Medical* of Venezuala, Dr. Ponte relates his experiences in several instances in which he employed water hypodermically for the relief of pain. The first case was that of a boy who was suffering from an intercostal neuralgia, so severe as to almost endanger the life of the patient by inference with respiration. Not having any morphine with him, the author determined to work upon the imagination of the sufferer by injecting pure cold water over the location of the pain, a procedure which, much to his astonishment, was followed by permanent relief. Impressed with this fact, Dr. Ponte resolved upon further experiments. The next case was one of toothache. In order to eliminate the imaginative element, he informed the patient of the treatment to be employed, for the execution of which permission was rather reluctantly given. An injection practised upon the side of the face nearest to the pain, was followed by considerable ardor, but in less than a minute the odontalgia had subsided. Animated with these results, he employed cold water injections in a variety of different pains, always with happy issue, even in cases where morphine had been the drug previously administered. Another patient had been suffering nine years from intense gastro-intestinal neuralgia, which baffled all remedies. The pain came on after meals, and its violence was such as to cause her frequently to faint. When first seen by the writer, she was utterly prostrated. Two injections relieved the pain, and subsequent tonic treatment restored her to perfect health. Several hundred cases have been treated in the manner described, with good results. No explanaiion is given as to the action of the remedy.—*Medical Record.*

THE SPECIFIC GERM OF GONORRHŒAL PUS.—After many unsuccessful attempts a specific microbe has been discovered in the pus of gonorrhœa. The *Annales de Dermatologie* has a synopsis of a recent work by M. Weiss. The pus examined came both from men and wowen and was taken with all the necessary precautions. In every case microscopic examination showed in pus corpuscles and epithelial cells little bodies in some cases isolated and in others united in groups and array in a peculiar manner.

These bodies, of which the author gives a minute description, have always a characteristic appearance. M. Weiss examined the pus from thirty-two patients and each time he found the parasitic forms. As a control experiment he examined the pus from cases of non-specific urethritis balanoposthitis, bubo, leucorrhœa, etc., and never could discover the elements which he looks upon as characteristic of gonorrhœa. There still remain to be made culture experiments, which have not yet been begun.

M. Weiss calls especial attention to the action of hypermanganate of potassium on the parasite. In all cases of vaginal gonorrhœa treated in the service of M. Spillman, of Nancy, by means of injection of this salt, the parasites diminished rapidly in number, their enveloping zone disappeared and changes in appearance took place which showed either their destruction or at least great alteration as a result of the appiication of the salt. The strength used was 0.25 centigrammes to 1000.—*Jour. de Med. et de Chir. pratiques*, November, 1881.

THE TREATMENT OF INVETERATE ECZEMA BY MEANS OF IGNIPUNCTURE.—There are cases of eczema which do not get well under any of the ordinary methods of treatment, either internal or local. In such cases Dr. Chalat (*Paris Medicale*, November, 1881,) strongly recommends the destruction of the diseased surface by the following method:

A pointed cautery iron being heated to a white heat is thrust deep enough to go completely through the skin, and punctures made about one-third of an inch apart. It is essential that the cauterization should be thorough, and not superficial. It is necessary that the inflammation following the operation should leave untouched no part of the eczematous surface.

The cauterization should not be confined to the affected part, but should be extended into the seem-

ingly healthy skin at the borders for a space of one-third to one-half of an inch.

When the surface to be treated is not larger than a silver dollar, a single sitting suffices. When, however, a large surface is involved, there must be several operations at intervals of about a week. After the cautery has been employed the part cauterized is treated by cold compresses like any ordinary burn.

The pain of the operation itself in not severe, if care be taken that the iron be heated to a *white* heat. The principal pain is on the second or third day after the operation.

Local Treatment of Diphtheria.—Dr. Morell McKenzie, at the late International Medical Congress, laid down the following rules on the local treatment of dipgtheria:

1. Ice is useful in first stage, both internally and applied externally to the neck; contraindicated when it causes pain, in young children, in advanced stages, and specially if gangrene be present.
2. Steam inhalations of great service when the false membrane shows a disposition to separate, and when it is situated in the larynx or trachea.
3. Solvents administered by swabbing, or in the form of spray, often highly beneficial. Lime water and lactic acid the best.
4. Antiseptic very important: carbolic acid, permanganate of potash, and chloral hydrate; the last being the most certain.
5. Antærics, or varnishes, *i. e.*. remedies which exclude the air from the false membrane. Tolu dissolved in ether is the most serviceable; simultaneous employment of other local remedies, (ice, steam) not prevented by the use of these agents.
6. Caustics are always injurious, whilst astringents are useless and sometimes hurtful.

Formulary.

ITCH OINTMENT.

Dr. McAllister (*Med. and Surg. Reporter*) recommends the following formula for the itch mite:

℞ Hydrarg. bichloridi..... ʒ ij
Pulv. capsici ..... ʒ j
Pulv. sulphuris..... ..... ʒ jv
Adipis..... ..... lb. jv
M.

Mix by gentle heat and keep stirring it constantly while cooling.

STARTINS MIXTURE.

For reducing cutaneous congestion in erythema, urticaria, etc.

℞ Sulphate of iron..... 1 part
Sulphate of magnesium.....
Tincture of gentian.....ää 8 parts
Dilute sulphuric acid..... 2 "
Water..... 24 "
M.

Sig. A teaspoonful to be taken after eating.—(*New Remedies.*)

PILE OINTMENT.

Dr. Q. C. Smith, of Austin, Texas, recommends the following ointment as useful in hæmorrhoids, especially when tenderness or ulceraration exists:

℞ Iodoform, in fine powder .....
Ergotin.....
Powd. nutgalls.....
Powd. camphor.....ää ʒ ss
Powd. opium.....
White wax.....
Vaseline.....ää ʒ j
Cocoanut butter..... ℥ j
M.

CYSTITIS.

Medical Press and Circular: In cases of cystitis dependent on calculus vesicæ, the urine being strongly alkaline, with ammoniacal odor, deep scarlet color, and showing a sediment of ropy mucus, pus, and broken down blood corpuscles, Mr. Parke recommends the following:

℞ Acidi nitrici diluti..... ♏x
Ext. belladonnæ..... ..... gr. ¼
Ext. hyoscyami..... gr. ij
Infus. buchu..... ℥ ss
M.
Make one draught.
Sig. Take, freely diluted, three times a day.

APPLICATION IN GRANULAR PHARYNGITIS.

℞ Iodini.....
Acidi carbolici.....ää gr. xv
Potassii iodidi..... ʒ j
Glycerinæ..... ʒ iij
M.

IN THE TYMPANITIS OF TYPHOID AND ENTERITIS.

Dr. Maurice Raynaud recommended the following:

(1) ℞ Pulv. nucis vomicæ..... gr. jvss
Pulv. anisi..... gr. ijss
M.

Div. in two powders, one to be taken morning and evening.

(2) ℞ Pulv. carbonis ligni.....
Two tablespoonfuls during the day.

LOOMIS TONIC.

Prof. A. L. Loomis, M. D., is credited with a tonic combination, which is largely used in Bellevue and Charity Hospitals, New York, under the name *Loomis' Tonic*, and which is prepared after the following formula:

℞ Quiniæ sulphatis..... gr. 30
Acidi sulph. dil..... q. s.
Tinct. ferri chlor..... fl. ℥ ss
Spir. chloroformi..... fl. ʒ vj
Aquæ..... ..... fl. ℥ ij
Glycerinæ.....q. s. ad fl. ℥ jv.
Mix. Dose, a teaspoonful.

FOR ACUTE RHEUMATISM.

℞ Sodii salicylatis..... ..... ℥ ss
Glycerinæ..... ℥ ss
Spts. lavandulæ co..... ℥ jss
Liq. ammon. acetatis q. s. ad ℥ viij.
M. Sig.—Take a tablespoonful every three hours.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, JANUARY 25, 1882. No. 2

Editorial.

The Annus Medicus 1881.

The year which has just closed will stand out prominent in the history of medicine as a year both of startling occurrences and substantial progress. Many of the memorable occurrences of the year have had a peculiar interest for medical men while the results of close study and scientific research have been unusually numerous.

The great event of the year has, of course, been the seventh meeting of the International Medical Congress in London from the 2nd to the 9th of August. In point of the number and merited prominence of its members and the effectiveness of its organization no meeting of medical men, in recorded history, equals it. We have given our readers much of the proceedings and in our limited space succeeded in giving the gist of its more important doings.

Our space prevents more than briefest review of the advances of the year. In physiology the observations of Ueffelman stand conspicuous, their effect being to disturb some of the existing views regarding the nature of the gastric juice. From the application of tests on a patient on whom gastrostomy had been performed he found that no hydrochloric acid is secreted during the earlier stages of digestion. The acid first appearing is lactic acid, even when the conversion of albumen into peptone and starch into dextrin and sugar was distinctly taking place.—According to the observations of Cash, in Ludwig's laboratory, also, it appears that, contrary to what has heretofore been held, fats may split up in the stomach into the fatty acids and glycerin, whilst an acid, (probably lactic), is formed. He also noticed that in dogs the reaction of the small intestine from the pylorus to the ileo-cæcal valve, is acid, and that in no instance was an emulsion observed. These views, so different from those heretofore entertained will doubtless be abundantly tested during the present year.

In pathology the researches into bacteria have been extensive and important. The most important investigations of the year, says the *Lancet*, are unquestionably those which relate to bacterial pathology, and in these France, as in previous years, has led the way, by the practical character and extensive scale of the researches which have been inspired by the genius of Pasteur. The discovery of the wide range of diseases to which the method of prophylactic inoculation is applicable constitutes a brilliant and practical result of researches which appeared purely theoretical, and to this the experiments during the past year of Pasteur, Toussaint, and of Cornevin, Arloing, and Thomas have mainly contributed.—More strictly pathological in their nature are the additional facts which, in this department, have been ascertained by other investigators. Previous observations on the relation of typhoid fever to a special organism have been corroborated and carried further by Klebs, who has traced in a very thorough manner the part probably played by the organism in the production of the various pathological changes which occur in the disease. The observations are of especial interest in connection with the discovery by Branlecht, in drinking-water, during an epidemic of typhoid fever, of a similar organism, which appears capable of producing in rabbits a disease having some of the same pathological characteristics.—Not less remarkable are the observations of Laveran, which connect malarial fevers with an organism of considerable complexity, influenced by the specific therapeutic agents in a manner that affords an explanation of their effect on the disease, more complete perhaps than has been given of the mechanism of the treatment of any other acute malady.—In diphtheria, the organisms which have been found, not only in the throat, but in the blood, urine, and kidneys, are apparently proved to be the morbific agents in its production, since the experiments of Gaucher and Talamon show that even after cultivation of the bacteria the disease may be reproduced by their inoculation.—The investigations into the minute pathology of leprosy by Cornil, and especially by Neisser, throw new light on the hitherto mysterious nature of this affection; for not only do they prove its dependence on special bacterial organisms, but the conditions of the growth of these explain, in some degree, the character and anatomical distribution of the strange lesions by which the disease is manifested; and the results obtained by inoculation are, if not entirely satisfactory, at least suggestive. This discovery is the more important as including a chronic disease in the domain of bacterial physiology, and affording the promise that similar results may be hoped for from the study, in the same way, of some other chronic disease.—Aufrecht has described a specific micrococcus as the infective and pathogenic agent of syphilis, although his discovery has not yet been confirmed.

The year has been remarkably active in the matter of surgery, and in boldness, and even temerity, surgeons have seemed to vie with each other. In Europe, Billroth, on the 29th of January, removed the pyloric portion of the stomach on account of cancerous disease in a woman, who recovered and lived an active life for some weeks, but died on May 23rd, from a return of the cancer. In four subsequent operations of the same nature the operation

was speedily fatal, and the high hopes generated by the first case have been blighted. More recently Billroth has modified his operation, changing it into gastro-enterostomy, the name signifying that the stomach is not interfered with but that a mouth is made into the intestine. A single operation of this nature is reported as successful.—In this country Dr. McGraw, of this city, undertook the removal of an enlarged spleen, the operation, however, proving very immediately fatal from hæmorrhage. The operator, contrary to the example set by Billroth, has not given to the profession the details of his operation, thus rendering it practically useless in its effects on future splenotomies.—Dr. MacEwen reported to the Royal Society a case of the successful transplantation of bone in a child three years old, by which after necrosis of the right humerus, the arm was restored to usefulness.—Mr. Spencer Wells performed for the first time, successfully, an operation for the removal of a gravid uterus, for cancer of the neck.—The operation known as sponge-grafting has been described in these columns and its possibilities and practical applications indicated.—Listerism, distinctively so-called, has been severely unsettled in its hold on the surgical mind, its author himself having practically renounced the carbolic spray, and the indications are that this cumbrous appliance, heretofore considered indispensable, will soon have been relegated to the museum of ancient curiosities. But although the spray is dying out the great fact in which it had its birth, to wit, the influence of bacteria on wounds, remains unshaken. The change which is imminent is rather in the method of guarding against the evils caused by bacteria than in abandoning the theory of their influence. The carbolic spray has been found objectionable as a means to an end, and other means will shortly be forthcoming to take its place.—The melancholy case of President Garfield has called attention to the necessity of a further study of the treatment of gun-shot wounds, and particularly to the necessity for greater precision in diagnosing the course and locality of the missile.—Nerve-stretching in the treatment of neuralgia has received an impetus, while the operation for the removal of Meckel's ganglion, with successful result, for the cure of tic douloureux, by Dr. J. B. Book, of this city, stands prominent among the operations in this department of surgery during the past year.

Therapeutics.—Among the subjects coming under the head of an annual retrospect there is none which more generally interests the practitioner of medicine than this. While the past year has nothing very brilliant to record in this line the improvement has still been marked and the following summary by the *Medical Times and Gazette* will be read with interest and profit:

When we regard the character of the work that has recently been done in pharmacology, we are struck with the parallelism between the lines which advance has followed, and is following in this subject, and the direction of progress in the allied subjects of pathology, hygiene, and practical surgery. Just as the germ theory of disease is dominant in these three departments of our professton, so is the endeavor amongst therapeutists to put to the test every possible kind of antiseptic, apyretic, and disinfectant substance, and to search in the boundless fields of the higher organic chemical compounds for new drugs. Whilst some surgeons of eminence declare that they have abandoned the Listerian system of antiseptic operation and dressing, either in whole or in part, various modifications of the old method have been introduced in England and abroad. Evidence, both of a theoretical and a clinical kind, has been adduced against the necessity of the spray during operation. The number of new antiseptics that have been suggested is large. Professor Lister himself, as well as others, has drawn attention to certain advantages which the oil of the eucalyptus possesses over carbolic acid. Salicylated camphor has been used in France as a powerful antiseptic and stimulant to foul syphilitic and cancerous sores. Iodoform appears to be steadily gaining in reputation as a surgical dressing; and the quantities of the substance which are sometimes dusted on the surface of wounds, or applied otherwise to diseased parts, are little short of alarming. In the hands of dermatologists, iodoform also continues to give favorable results; and as its unpleasant and very persistent odor can, in a measure, be covered by the tonquin-bean, by tar, or by musk, we may expect to find it come into still more extensive use. Thymol continues to be highly praised by some authorities; and boracic acid by others. Resorcin has probably received more attention during the year, both from chemist and the practical physician and surgeon, than any of the other substances just mentioned. Its chemical relations appear to be now thoroughly understood, and it would seem to be a valuable, but expensive antiseptic. Quite recently, naphthaline has been recommended in Germany, both as an efficient, and as a remarkably cheap antiseptic substance.

The treatment of phthisis by constant inhalation of antiseptics in a "respirator," has been extensively employed during the year; and various refinements in the method of application, and in the antiseptic material have been introduced. The combination in most favor at present appears to be that of Dr. Sinclair Coghill, consisting of ethereal tincture of iodine, creasote or thymol, and rectified spirits; ether or chloroform being added if cough be severe.

Various recommendations have been offered of acids or salts which may acidify the urine in chronic cystitis with ammoniacal and bacterial development. Among these we may quote lactic acid in doses of 15 to 30 grains in water three times a day, benzoic acid, and biborate of soda. The salicylates and other antiseptics continue to be used as vesical injections for the same purpose.

As usual, the name is legion of the new cures of for whooping-cough, trial being made especially of the various antiseptics, including salicylic and carbolic acids, which might be supposed to ar-

rest the activity of the hypothetical organism on which pertussis is believed by some authority to depend. On the whole it cannot be said that trustworthy evidence signalises any of these substances as specially valuable in the disorder.

The intimate pathology of infectious diseases introduces us to another and very different kind of treatment. Probably the most remarkable, and certainly the most important step has been made by general therapeutics during the year is the vaccination charboneuse of Professor Pasteur. As applied to the lower amimals, the method of inoculation with the artificially attenuated virus of anthrax promises to be worthy of comparison with vaccination in man; and both directly as preventing the spread of this deadly disease to the human subject, and indirectly as suggesting further investigations in the same direction, this discovery must be regarded as a great boon to the human race. Vaccination from the calf has been most extensively employed in Londuring the recent epidemic in small-pox. This system, which we have persistently recommended to the profession for years, has given such satisfactory results that it promises in a great measure to take the place of arm-to-arm vaccination, to which there are certain reasonable objections. The hope that was once raised, that the germ of the hydrophobic poison had been isolated, and that so far an advance had been made towards a possible prophylaxis of rabies, as of anthrax, in animals—that is, the diminution or disappearance of the risk of hydrophobia in man—has been unfortunately, but, we trust, temporarily only, disappointed.

Diphtheria has been treated, with various results, by salicylic acid in strong solution applied locally, and benzoate of soda internally; by chlorate of potash; and by lactic acid. Various other "solvents" have been tried locally, such as pepsin and papayotin; the latter, perhaps, prepared from the juice of the *Carica papaya*, being constantly kept in contact with the diseased surface by irrigation or by brush. But of all remedies for diphtheria, most has been written during the year about pilocarpin, which was greatly extolled by Guttmann as having cured all his cases. Very unfortunately, the latest accounts on the same subject from Germany are to the effect that of a series of cases of the disease treated by pilocarpin, all died! The simple solution of the false membrane in diphtheria is surely but a small part of the proper treatment of the disease. American physicians appear to have arrived at the same conclusion.

Spirit of the Medical Press.

Free Trade in Medicine.—The *Medical News*, of Philadelphia, (January 7th) makes an article on this subject in the *Medical Times and Gazette*, of London, the basis of an editorial in which it takes ground against legislative interference in the matter of regulating the number and quality of medical practitioners. It quotes approvingly certain complimentary remarks made by its English contemporary anent medical men, medical books and periodical medical literature in this country, and submits that this very praisworthy condition of affairs was developed under absolute non-interference on the part of legislatures, in the matter of fixing standards or the adoption of measures calculated to prevent free individual election as to the degree of medical knowledge he would acquire preparatory to engaging in practice. "Ought we not," it asks, "to continue, as heretofore, to permit the law of supply and demand to regulate our growth? We may properly correct flagrant irregularities by appropriate legislation, but ought we not refrain from such interference in our organizations and methods of their government, as would hinder that free development and successful progress which we owe to our system of free trade in medicine?"

The *Medical Times*, of Philadelphia, (January 14) enters a very vigorous protest against the position taken as above. It regrets the necessity of being obliged to occupy time and space in combatting the error. It would not deny the actual merits of American medicine, but it questions whether the work accomplished bears a proper proportion to the force at work. A population of fifty millions of the most energetic race the world has ever seen,—a people culled from the sturdiest blood of all the best nations of the earth, materially rich beyond any other people save one, surpassed in brain power by none,—is it strange that from amidst such a population some medical literature should arise? Is it not, it asks, rather wonderful that so little of what is garnered, that only here and there a research is made, that only now and then a volume worthy of place upon the upper shelves of the world's medical literature is produced? To attribute the success which has been achieved to "free trade in medicine" is like attributing the passage of an East Indian train of artillery drawn by elephants to the mud which clogs its wheels.

Badgering Scientific Witnesses.—The *Medical Gazette* (January 7) calls attention to the scandalous practice which some attorneys have of brow-beating witnesses summoned as experts by the opposing party to the suit. Too often the impression which would be left on a person ignorant of the modus operandi of modern criminal trials, on attending a court of justice during such a trial would be that the object of cross examination is rather to amuse the audience and to exhibit the superior badgering qualities of the interrogator than to further the ends of justice. One can scarcely imagine a more harrassing position for a self respecting man with a fine sense of honor than to be compelled by the law to submit to this degrading style of examination, which often amounts to positive insult. The tendency of this habit of brow-beating is to render witnesses, men of scientific attainments, for example, whose testimony may be invaluable in establishing truth, sly of coming forward to illumine a difficult case by

the light of their experience. Shall the law itself furnish a cloak under cover of which a man may with impunity reflect upon the veracity and private character of his fellow; emboldened from immunity from punishment, to probe the irrelevant secrets of an individual's private life? Forbid it justice! Public opinion forbid it!

Expert Testimony.—The *Northwestern Lancet* (January 1) calls attention to the evils of "expert" testimony, as it is familiarly known in our courts of justice. The bitter partisanship and professional jealousy which are often too strong to be repressed even by the oath disgust the public and belittle the profession. Our contemporary advocates statutory provisions which will prevent the possibility of professional men thus disgracing themselves and bringing their profession into disrepute. It suggests a jury of experts in every commonwealth in its several departments of justice, whose duty it shall be to assist courts and traverse juries in all questions in which special training and skill are required to make plain matters lying beyond the ordinary knowledge of law officers and juries. It is unquestionably the duty of the members of the medical profession to take the initiative in bringing this matter before the legislatures, so far as concern medical experts.

State Care of the Children of the Poor.—The *Medical Record* reports with commendatory comments, the following resolution which a committee appointed by the State Medical Society of New York, to co-operate with the Society for the Prevention of Cruelty to Children for the better care of the children of the poor, proposes for adoption by that body at its next meeting:

"That a committee be appointed by you, who, in connection with the New York Society for the prevention of Cruelty to Children, shall apply to the Legislature for an act providing for the helpless, sick children whose health and life are endangered by those who ought to be their natural guardians, but who prove by their acts their enemies." The rights of children who are diseased, to receive proper medical treatment, despite brutal and indifferent parents, are heartily acknowledged.

Bed-side Instruction.—The *Medical Record* (December 31, 1881) has a very thoughtful editorial on this subject always so full of interest to physicians and prospective physicians. It gives a graphic picture of the methods of clinical teaching in New York city. It claims for that city the best facilities for clinical instruction in the country, and concedes that its medical teachers make a laudable effort to supply the increasing demand in this direction by the rising generation of medical men. It cannot, however, deny that the clinical instruction actually afforded falls far short of what is needed. As such instruction is mainly conducted the student too often contents himself with viewing the patient through an opera glass and taking notes of the case; he rarely has more than half a dozen times during the season an opportunity of listening to a heart, feeling a patient's pulse, or verifying existing respiratory phenomena. That this is entirely inadequate to the wants of the student goes without saying. In some of the hospitals students are forbidden to tramp around the wards and among the patients. Much less is it permitted that any but a favored few, mostly such as belong to private classes, may take any part in the examination of patients. The actual seeing of patients in the hospitals and at the bedside is denied to the great number of students. Although it is the intention to give at least one obstetrical case to a student before his graduation, the possibility of carrying out such intention would, considering the number of students to be supplied, involve a ten-fold increase of the present birth rate, even among the otherwise prolific poor. Hence it is that many a young graduate seldom has an opportunity of groping for the patulous os until he attends his first case as a practitioner. Clinical teaching as conducted is restricted for material to the "walking cases" which present at the clinics, and even these are not utilized to the extent of their posibilities. The whole system is defective and calls for reform, and the *Record* makes a number of *doctrinaire* suggestions to that end.

The Spread of Small-pox.—The *Medical and Surgical Reporter* (January 14), urges the importance of a new study of small-pox, and the means for its prevention. It is only too obvious that there has been, in the last ten years, an increase of the disease, both in Europe and America. What is the cause of this increase? Is it due to opposition to, or the neglect of vaccination? Or the use of inert virus, or improper methods of that which is active? Is vaccination itself, however well performed, merely a temporary check to the extension of the disease? Should both vaccination and revaccination be made obligatory, and performed at government expense, as an indisputable means of public protection?

These are questions which are continually recurring, and the result is that while doctors debate, patients sicken and die. It is hardly possible that we have depended too implicitly on vaccination; at all events, the alarming prevalence of small-pox throughout the northwest calls for a review of our position with a view to determining the weak spot.

Obesity.

Obesity may be regarded as one of the penalties attached to luxury, and is essentially a disease of civilization, and, paradoxical though it may seem, of refinement. That it is an evil is attested by the various methods which have at different times been suggested and adopted, with indiffernt success, for its relief. The latest of these comes from Dr. De Saint-Germain, of Paris, and published in the form

of a lecture, by *L'Union Medicale.* The lecturer classifies obesity as a disease of the cellulo-adipose tissue, which is characterized by a morbid accumulation of fat on those points of the animal economy where it is normally deposited. Such abnormal deposit by pressure from without inwards develops various phenomena of compression, which, superadded to the troubles caused by an accumulation of internal fat, is liable to engender serious disease. He regards the tendency to obesity as a hereditary transmission. It is sometimes congenital, and thus causes dystocia. Women are more subject to it than men, the cause being traceable to the normal softness of their tissues and their sedentary lives. The best known exciting causes of obesity are the taking of large quantities of food, insufficient exercise, and consequent insufficient elimination, too much drink and too much sleep. Beer is held to be especially apt to cause an accumulation of fat.

In the treatment of obesity, Dr. Saint-Germain insists on the necessity for exercise, and gives a detailed report of a case in which great reduction of fat was achieved without impairment of health, through vigorous exercise, in addition to the following regimen:

The French first breakfast, generally composed of chocolate, coffee and milk, or soup, was in this case absolutely cut off; the second breakfast, answering to our luncheon, was invariably composed of two boiled eggs, a mutton cutlet, with salad or fruit, a cup of coffee withont sugar or brandy, and not any bread or wine whatever. M. de Saint-Germain insists greatly on total abstention from bread and wine, which, in his opinion, forms the cardinal point of the cure; and more especially on the abstention from wine, which he believes, fattens, both by the alcohol it contains, and by the amount of liquid it introduces into the animal economy. The patient in question drank water only with his breakfast, and cold or tepid coffee only, if he required any other drink during the day. For dinner, the diet was one dish of meat, one dish of green vegetable, and some fruit; neither soup, bread nor wine was allowed. One of the first results observed from this regimen was the disappearance of the irresistible sleepiness he had suffered from after breakfast and dinner, and the perfect calm of his nights, which had frequently been disturbed by an insatiable thirst. He found also that the regimen was strengthening to him, and that he had never been able, at any period of his life, to go through the exercise already described, so quickly, and with so little perspiration. M. de Saint-Germain insists strongly on the necessity of patients under treatment for obesity keeping an exact register of their weight from day to day, made with great care, so that, if the reduction be too rapid, the severity of the diet may be relaxed, or the amount of the exercise reduced. He gives some elaborate tables in support of his practice, too long to be reproduced here, but which show immediate increase of obesity if his dietetic rules be infringed. He enters a vigorous protest against the folly and danger of systems of reduction of obesity, based on the use of alteratives and purgatives. This method, he asserts, only influences obesity by inducing a cachectic condition in the patient, and its smallest drawback is that it can only be continued for a certain time. M. de Saint-Germain states that, for children especially, when obesity is concomitant with infantile paralysis, the treatment should be residence in the country at a high and perfectly dry level, near woods; with strengthening baths, shampooing, and stimulating saline baths.

Vaccination and Vaccinization.

The alarming prevalence of small-pox through certain sections of the country, notwithstanding the very general vaccination which has been practised during the past few years, will have the effect of stimulating inquiry into the protective influence of the operation as it is ordinarily performed. It is only those who, having declared against the power of vaccinia to protect against variola, and are casting about for arguments to support their position, who will seize upon the existence of the present endemic in the Northwestern States as a prop with which to sustain themselves. Such argument is, however, that of the special pleader, and ill befits the earnest searcher after truth. The fact that a vaccinated person in a given case is seized with small-pox, is not a legitimate argument against vaccination, in the proper meaning of the term. There are many reasons why the operation may have proven a failure: The virus may not have been of proper quality, and although it may not have caused a local sore, that sore may not have had the characteristics of the vaccinia pustule. This, we believe, is a not uncommon occurrence. The effects of vaccinia may have disappeared from the system; they evidently do pass from the systems of some sooner than from others, as attested by the results of revaccination. Perhaps humanized virus, which has passed through many systems, has been employed, and, the views of Jenner to the contrary notwithstanding, it seems to be no longer doubtful that humanized virus undergoes deterioration in its passage through the system, and is not as safe a protective as that which has been taken directly from the heifer.

But all of the above conditions may be observed, and precautions taken, and still the vaccinated person not be proof against small-pox. A recent German writer has submitted a plausible suggestion as to the cause of the incomplete immunity in such cases. The person, he says, although vaccinated, is not "vaccinized"—the latter term being that by which he designates such a charging of the system with vaccina as to overcome the susceptibility to variola. A series of carefully conducted experiments has convinced him that a not inconsiderable proportion of those vaccinated are not vaccinized. He now recommends, and in cases where he has authority, compels successive vaccinations until the susceptibility to the virus has completely disappeared, as indicated by absence of the slightest trace of the

essential characters of the vaccine pustules at the point of application. He has found that in some sores more or less characteristic may be produced until the third vaccination, and holds that as long as such a sore is possible, the person is susceptible to small pox. These observations are pregnant with suggestion, and perhaps we have in them the removal of the weighty argument against vaccination, which exists in the fact that vaccinated persons not infrequently die of variola, the vaccination not having vaccinized.

Salicylic Acid in Typhoid.

Dr. Stovell, of Columbia, Ark., gives in the *American Medical Bi-weekly*, a report of 60 cases of typhoid fever treated by salicylic acid. His plan is to give the drug once a day on the rise of the fever, in drachm doses, dissolved in two or three ounces of water by the aid of bi-carbonate of soda, the soda being added until effervescence ceases, and a clear solution forms. The antipyretic action of the salt soon manifests itself in diaphoresis, after which quinine in 10 grain doses is given morning and evening. The various complications are treated as they arise. For the follicular catarrh of the bowels, he advises Pepper's plan of ¼ to ½ grain doses of nitrate of silver, combined or not as the diarrhœa may guide, with equal quantities of opium; when the bowels are constipated, he substitutes extract of belladonna for the opium, in doses of same size. The patient is restricted to a fluid diet, milk being given the preference, the tolerance of which may be secured by the addition of lime water.

The patients treated under this plan comprised both blacks and whites, the mortality among the latter being 8 per cent.; among the blacks it was a little larger, which fact he attributes to lack of proper nursing, and the other necessities and comforts beyond the province of the physician to supply. He claims that in 75 per cent. of these 60 cases, the duration of the fever was shortened to from 5 to 15 days.

The results as above reported are sufficiently striking to arrest attention, and in view of the fact that the treatment of typhoid fever is far from satisfactory, it might be profitable for the profession to give the newer plan a thorough and intelligent trial.

Miscellany.

Michigan State Board of Health.—The regular quarterly meeting of this Board was held January 10, 1882, at its office in Lansing, the full Board being present. The Secretary presented his quarterly report, showing some of the work in the office during the past quarter. The quarter had been a very busy one, made so, in part, by the numerous outbreaks of diphtheria, scarlet fever, and small-pox in the State, which had required much correspondence and the sending out of many documents. The number of diphtheria documents distributed was 20,000; of scarlet fever documents, 5,000; of general rules for restriction of contagious diseases, 6,000; reprints of weekly bulletins, 7,000. As showing the necessity for inspection and disinfection of immigrants, their clothing, baggage, etc., and especially for a system of surveillance to their destinations, a statement was made by the Secretary, of the introduction of typhus fever in Benzie County, by Norwegian immigrants. The disease made its appearance over 60 days after the arrival of the immigrants, and spread quite freely (not being reported at the time or treated as a contagious disease by the local authorities), causing many cases of illness, and at least, three deaths. The importance of inspection of immigrants at Port Huron and of keeping those believed to be liable to spread communicable diseases under surveillance until their destination is reached, and then placing them in the watchful care of the local board of health, was freely discussed. As this Board has no funds available for such a purpose, the subject was referred to the President, Secretary, and Dr. Lyster to confer with the National Board of Health, and take such action as is possible.

A report by Hon. Le Roy Parker, relative to duties of health officers in verifying diagnoses of contagious diseases was read and ordered printed in the Annual Report. Mr. Parker reported the following: In Gaines township, Genesee Co., a child of Mr. B——'s died of what a doctor called malarial fever, and did not report the case to the board of health, though it seems probable that it was really diphtheria. A neighbor and wife, Mr. and Mrs. B. assisted in preparing the corpse for burial. About the same time a child of Mr. S. died from "sore throat," not reported as "dangerous to the public health," and some of the children of Mr. B. attended the funeral. Soon after Mrs. B. was taken sick with diphtheria, and in turn 13 out of 14 members of the family had it, and 7 out of 10 children died. The Board of Health promptly isolated this household, but the attending physician's error in diagnosis, or failure to report the first case was fatal to the hopes of that family. In this connection the Board of Health adopted the following preamble and resolutions:

Whereas, It is often difficult to recognize mild cases of diphtheria or to distinguish such cases from a simple pharyngitis or laryngitis, and

Whereas, Such mild cases of diphtheria often communicate a dangerous and fatal form of diphtheria:

Resolved, That it is the duty of physicians and householders in reporting diseases dangerous to the public health, and of local health authorities in their efforts to restrict such diseases, in every case to give the public safety the benefit of the doubt.

Resolved, That suspected cases of dangerous diseases should be reported, and precautionary measures should be taken.

Drs. Kellogg and Avery were appointed a special committee to report on the present knowledge of

diphtheria, and Dr. Lyster was appointed a special committee to report upon the present knowledge of typhoid fever.

Mr. Parker reported that persons guilty of removing contagious disease placards from their houses could be punished nnder the law, which made the house in which the contagious disease was, a hospital, if declared so by the Board of Health, and subject to their rules and regulations. All rules and regulations of a board must first be published, then penalties may be inflicted for any violations.

Prevention of Conception.—Dr. C. Willston writes anent Dr. Herrick's article on "Abortion and its Lesson," in our last issue: In view of the manner in which the question discussed meets the medical practitioner at every turn, Dr. Herrick's article commends itself to the consideration of every physician. While I hold his views to be mischievous in their tendency, I would not condemn his ventilation of them in a periodical designed exclusively for medical readers. There are doubtless numerous instances in which some means for the prevention of the burden of maternity are highly desirable on strictly humanitarian grounds, but the indiscriminate recommendation of Dr. Herrick's plan would be very reprehensible. It is very easy, and not unpopular in this utilitarian age to decry "sentiment," but without this sentiment the world would be a barren desert and the human heart a stone. Sentiment is an element of human nature, and must not be dethroned from its high position in human affairs. I doubt very much the prevalence of the unalloyed brute passion in the sexual relations of the modern husband and wife, which the doctor alleges; its existence, I believe, is the exception and not the rule. I cannot, however, undertake anything in the way of a full discussion of this important topic in the brief space to which you are obliged to restrict your contributors, and will merely ask you to reproduce the following extract from a recent address by Prof. Wm. Goodell, of Philadelphia, on the "Dangers and the Duty of the Hour." I would simply set it over against Dr. Herrick's article as the more correct representation of the views of the American medical profession on this momentous question:

"The third and greatest danger of the hour embraces two sins which defile every class of society—sins which, like the plague of the frogs, has crept into our 'houses, and bed-chambers, and beds.' I refer to criminal abortion and prevention of conception. They come from the dainty dilletanteism of our women, which shrinks from having its patrician pleasures disturbed by the cares of maternity. They come from fashion, from cowardice, from indolent wealth and shiftless poverty. They come from too high a standard of living, which creates many artificial wants, and demands many expensive luxuries. Of course, immorality has much to do in begetting them; but while regarding all these practices as grossly sinful, I wish to leave out of consideration the question of immorality *per se*. It is not the immoral classes which I wish to reach; not those whose pleasures and profits come from vice, but the wives of our citizens—our fellow countrywomen—on whose morals and good health depends the prosperity of our country, and yet who are unwittingly tainting body and tainting soul.

"I am amazed at the very low standard of morality obtaining in the community on the sexual relations. So low, indeed, has it fallen, that I have known clergymen committing these sins in their own families, and physicians of repute teaching their patients how to sin. To these detestable practices do I attribute, in a great measure, the general ill-health of our women. These flagrant sins I hold accountable for much, if not for most, of the wretchedness and misery of this land. Why is it, asks a layman, that 'in the regions of the United States, otherwise most favorably known, nearly every woman under 40 is sickly?' Why is it, I ask, that the waiting-rooms of our gynæcologists are crowded with querulous and complaining women—women with backaches, and headaches, and spineaches; women without sexual feeling, or too weak to indulge in it? Why do so many women break down either shortly after marriage, or very soon after the birth of their first child? It is, I answer, because the great majority of them—false to their vows, false to their moral and physical obligations—are trying either not to have children, or to limit their number. It is, because, by an immutable law of nature, there are no harmless ways by which gestation can be interrupted or conception shunned. It is because the wife, sinning the most and most sinned against, suffers the most.

"Be the mode of prevention what it may, so much engorgement, and hyperplasia, and disorganization of the uterine structures and annexes* take place in those women who keep themselves sterile, that their health breaks down and they lose all sexual desire. Then, when they advance in life, and there comes that inevitable yearning for offspring, they find, to their dismay, that they cannot conceive. What physician of ripe years is there within sound of my voice, who has not been begged by women, once willfully barren, but now longing for children, to undo the mischief caused by such practices?"

A number of statistics are quoted to show the alarming prevalence of divorce cases, especially in the Northern States, and he asks:

"Now, why are there so many ill-sorted marriages? Why those unhappy homes and broken households? What mean these separations between husband and wife? I answer: They mean the violation of one of nature's immutable laws. Sex is a profound fact which underlies all the relations of life and the fabrics of society, and it cannot be ignored. The sexual instinct is given to mankind for two reasons—to perpetuate the species and to rivet the tie between husband and wife, not only by offspring, but by

*A large percentage of my ovariotomy cases have been in women who were resorting to preventive measures.

mutual endearment. The conjugal relation is therefore twofold in its nature; it has a moral as well as a physical expression, but so interwoven that it is impossible to dissociate the one from the other, without doing moral as well as physical harm.

"The causes of domestic infelicity and ill-sorted marriage are, then, to my mind, clear enough. The grossness of the carnal union is redeemed by its purpose—the moral union in which is involved the desire for offspring. Deprive the marriage tie of these qualities, *strip it of the family idea*, and it loses its cohesiveness in intense personality and self-asserting individualism. Now, when a wife is too sickly to admit the approaches of her husband, or to respond to them; when she receives them in sufferance, or absolutely refuses to entertain them; when she soils the marriage bed with the artifices and equipments of the brothel, and quenches all passion by cold-blooded safeguards; when she puts off an ardent husband to stated times and seasons; when a wife, I say, behaves in so unwifelike a way, can it be otherwise than that estrangement or jealousy should take place? Can a home with such environments be a happy one? Would not husbands be tempted to seek elsewhere for those pleasures which are denied them at home? These are nature's reprisals; these, indeed, her never-failing retributions."

How to Treat Homœopathy.—Dr. Oliver Wendell Holmes: I would extend the hospitality of these shelves to a class of works which we are in the habit of considering as being outside of the pale of medical science properly so called, and sometimes of coupling with a disrespectful name. Such has always been my own practice. I would give Samuel Hahnemann a place by the side of Samuel Thompson. Am I not afraid that some student of imaginative turn and not provided with the needful cerebral strainers, without which all the refuse of gimcrack intelligences gets into mental drains and chokes them up—am I not afraid that some such student will get hold of the "Organon" or the "Maladies Chroniques" and be won over by their delusions, and so be lost to those that love him as a man of common sense and a brother in their high calling? Not in the least. If he showed any symptoms of infection I would for once have recourse to the principle of *similia similibus*. To cure him of Hahnemann I would prescribe my favorite homœopathic antidote, Okie's Bonninghausen. If that failed I would order Grauvogel as a heroic remedy, and if he survived that uncured I would give him my blessing, if I thought him honest, and bid him depart in peace. For he is no longer an individual. He belongs to a class of minds which we are bound to be patient with if their Maker sees fit to indulge them with existence. We must accept the conjuring ultra ritualist, the dreamy second-adventist, the erratic spiritualist, the fantastic homœopathist, as not worthy of philosophic study—not more unworthy of it than the squarers of the circle and the inventors of perpetual motion, and the other whimsical visionaries to which De Morgan has devoted his most instructive and entertaining "Budget of Paradoxes." I hope therefore that our library will admit the works of the so-called eclectics, of the Thompsonians, if any are in existence, of the clairvoyants, if they have a literature, and especially of the homœopathists. This country seems to be the place for such a collection, which will, by and by, be curious and of more value than at present; for homœopathy seems to be following the pathological laws of erysipelas—fading out where it originated as it spreads to new regions.

The Value of Wideawakeitiveness.—*Dr. J. Mortimer Granville in Popular Science Monthly:*—A certain degree of tension is indispensable to the easy and healthful discharge of mental functions. Like the national instrument of Scotland, the mind drones woefully and will discourse most dolorous music unless an expansive and resilient force within supplies the basis of quickly responsive action. No good, great, or enduring work can be safely accomplished by brain force without a reserve of strength sufficient to give buoyance to the exercise, and, if I may say so, rhythm to the operation of the mind. Working at high pressure may be bad, but working at low pressure is comparatively worse. As a matter of experience a sense of weariness commonly precedes collapse from "overwork;" not mere bodily or nervous fatigue, but a more or less conscious distaste for the business in hand, or perhaps for some other subject or anxiety which obtrude itself. It is the offensive or irritating burden that breaks the back. Thoroughly agreeable employment, however engrossing stimulates the recuperative faculty, while it taxes the strength, and the supply of nerve food seldom falls short of the demand. When a feeling of disgust or weariness is not experienced, this may be because the compelling sense of duty has crushed self out of thought. Nevertheless, if the will is not pleasurably excited, if it rules like a martinet without affection or interest, there is no *verve*, and, like a complex piece of machinery working with friction and heated bearings, the mind wears itself away and a breakdown ensues. Let us look a little closely at this matter.

Conflicting Opinions.—H. W. Hendrick, M. D., Hyde Park, Vt., says: I have been interested in reading the article in your issue of December 24th, by Dr. G. I. Ross, of Canterbury, Conn., but it seems to me that death was due to the organic disease of the heart, rather than to the remedies he used. Had there been an autopsy, he would have probably wondered that his patient had lived as long as she did; but, as he says, what will the younger members of the profession do if they cannot rely upon their text-books? For as I turn back one page in the same journal, I find a report of a clinic by D. Hayes Agnew, of Philadelphia, his first case being a gunshot wound of the hand, where he declines trying

to remove the ball from the palm of the hand because he has no *sure* guide to its location. By looking at Hamilton's work on Military Surgery, pages 181 and 182, he advises a diligent search, and to remove, if possible, all foreign bodies from the wound. There is one case that came to my mind by reading this article. A young man was shot in the hand; a surgeon was called who dressed the wound, without removing anything from the wound, although he admitted there was some foreign substances in it. In a few days the young man died with tetanus, and at the autopsy a quantity of shot and a piece of coat-sleeve were removed from the wound. Would not a diligent search with probe and knife been justifiable in the above case? I hope to hear from those who have had like cases.

The medical profession of Toronto, Ontario, having determined to regulate their fees by the income of the patient, a local paper takes occasion to say, "that a more barefaced and astounding avowal of intended extortion was never made by any body of professional men." Notwithstanding this declaration, we have no doubt that there will still be found some simple enough to believe that the poor employé should not be charged as much for medical attendance as his millionaire employer.

The following is a just comment on a recent sanitary lecture: Dr. Pulte, speaking of small-pox, says 'the pustules first appear on the face, then on the breast, and lastly on the extremities. Thus, a wise Providence has divided the burden into three parts, which would otherwise be unbearable.' Wouldn't it have been a good plan to divide it still more, so as to make it harmless? Even with the present wise arrangement it proves 'unbearable' in many cases. If Dr. Pulte is not ashamed of such puerile reasoning, then he ought to be."

The old established firm of Lindsay & Blakiston, Medical publishers, of Philadelphia, (founded in 1843) has dissolved, by mutual consent. The business will in future be conducted under the name of P. Blakiston, Son & Co.

A physician at North Adams, Mass., is said to have recently successfully diagnosed and treated a case of croup, two miles away, by the aid of the telephone. The croupy cough of the child was distinctly transmitted.

Book Notices.

THE NURSE AND MOTHER. A Manual for the Guidance of Monthly Nurses and Mothers; comprising instructions in regard fo Pregnancy and preparations for Child-birth; with minute directions as to care during Confinement, and for the management and feeding of Infants. By Walter Coles, M. D., Consulting Physician to St. Ann's Lying-in Asylum, St. Louis, etc.

This is a small volume of only 153 pages duodecimo; the wide margin, however, makes it the size of an octavo. It is written in a plain, practical, and unassuming style, and contains all that it is essential that those to whom it is addressed should know of the subject of which it treats. This is a valuable book for any mother and is an invaluable one to be placed in the hands of trained nurses. Before the light of its teachings the few superstitions which linger in the lying-in chamber will disappear, and the scientific truth it inculcates will render the duties of "The Nurse and Mother" clearer, plainer, and easier.

SUPPRESSION OF URINE. Clinical Description and Analysis of Symptoms. By E. P. Fowler M. D. Ninety three Clinical Cases with Illustrations, Tables and Diagrams. A Paper presented to the New York Medico-Chirurgical Society, December 14th, 1880.

The text of this volume consists of the report of a case of anuria treated by the author with the account of the autopsy. In this case the disorder was due to cystic degeneration of the left kidney and supra-renal capsule, a represantation of which is given. Much labor has been bestowed in collecting and tabulating cases. This monograph is worthy of occupying a place as the article on "Anuria" in the "American Cyclopœdia of Medicine" of the future.

THE OPIUM HABIT AND ALCOHOLISM. A treatise on the Habits of Opium and its Compounds, Alcohol, Chloral-hydrate, Chloroform, Bromide of Potassium and Cannabis Indica, including their Therapeutic Indications with suggestions for treating various Painful Complications. By Dr. Fred Heman Hubbard.
New York: A. S. Barnes & Co.

The field so assidulously cultivated by quacks in recent years has been invaded by the author of this work, and if the methods directed to be pursued by him in the treatment of the opium habit prove efficacious, they will be driven out while the sad cases of the opium eaters will fall into the hands of scientific physicians. Dr. Hubbard regards the condition superinduced by the excessive use of opium and its compounds as a disease, and treats it as such. He does this by substitution—replacing the gradually diminished dose of opium by an increas- dose of special brand of the solid extract of cannabis indica. The complications which arise are are treated according to the indications. A number of interesting cases are recorded and their treatment recited in detail.

Alcoholism is treated by the cinchona rubra as a specific and adjuvants are directed when needed. To destroy the taste for liquor as a beverage a mixture of whiskey, sherry, port, beer, gin, cider, rum and champagne is prescribed. Every particle of food is to be flavored with this until the patient is nauseated with the taste.

We can commend this book not only for the interesting character of its contents but for the valuable nature of its lessons in showing how to deal with a class of patients, whose ailments have not been in consequence the subject of much scientific research.

MICHIGAN AND ITS RESOURCES. Compiled under authority of the State, by Frederic Morley, Commissioner of Immigration. Lansing: W. S. George & Co., State Printers.

"Breathes there a man, etc."—well he is not a Wolverine "whose heart has ne'er within him burned, as home his footsteps he has turned from wandering in a foreign land," for a simle acquaintance with the beauties and resources of this *peninsulum amænam* is all that is needed to make the least sentimental declare it its favor. Mr. Morley has given us a readable and withal a very instructive pamphlet, which will be mailed without charge to residents of other States and countries on application to the Commissioner of Immigration, Detroit, P. O.

OBSERVATIONS ON THE ORIGIN, CHARACTER AND TREATMENT of Oinomania. By T. L. Wright, M. D., Bellefontaine, Ohio. A reprint from the Alienist and Neurologist.

THE GALVANIC ACCUMULATOR FOR STORING DYNAMICAL Electricity and Illuminating Purposes. By Louis Elsberg, A. M., M. D,, Fellow of the New York Academy of Medicine, etc. A reprint from the Transactions of the New York Academy of Medicine.

ANÆSTHETICS, MEDICO-LEGALLY CONSIDERED. By J. G. Johnson, M. D., Brooklyn, N. Y.
New York: Thad. B. Mead, 96 Duane street, Publisher.

LUMBO-COLOTOMY IN THE NEW-BORN FOR THE RELIEF OF Imperforate Rectum. By William A. Byrd, M. D., Quincy, Ill. A paper read before the Tri-State Medical Society, St. Louis, October 25th, 1881.

APNŒA INFANTUM. By Hugo Erichsen, Detroit, Mich. A reprint from the October Gazette.

ATLANTIC CITY AS A WINTER HEALTH RESORT. By Boardman Reed, M. D.
Philadelphia: Allen, Lane & Scott, 229 S. Fifth Street.

PUBLIC ADDRESS BEFORE THE STATE MEDICAL SOCIETY OF Kansas, held in Topeka, Kansas, May 10th and 11th, 1881. By J. H. Stuart. A. M., M. D.. of Lawrence, Kansas.

Original Articles.

The Ganglionic Theory of the Congestive Diseases.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

The terms hypothesis and theory are much used in medical writings, and often very improperly.* The common meaning of hypothesis is conjecture —a guess at the truth; while theory is used to convey the idea that an hypothesis has been proved to be true. This view is erroneous, for both words signify something which is still within the domain of speculation. And yet there are accepted theories of disease, many of which are now recognized by the most eminent medical men in the world, as being fully established by ascertained facts on a basis of truth; which is to say that a theory is not true until it is accepted and approved by the profession. This acceptance and approval and incorporation with the acknowledged doctrines of medicine, do not by any means establish the truth of any given theory, for there are accepted theories which must not only be relegated to the domain from which they sprang, but must be consigned to the oblivion which they merit. This is especially true of the accepted theories of the congestive diseases. These constitute a distinct class and stand in marked contrast with the inflammatory diseases. The reason that they have not been properly classified, is, strange to say, because the cause and nature of passive congestion have not been correctly elucidated. The true explanation of this condition, its cause and consequences, will constitute what the writer is pleased to designate as the "Ganglionic Theory" of the congestive diseases. The term "theory" is used in its common sense, and its meaning to the reader will be that this is a speculation as to the origin and nature of those diseases; but if he accepts the views expressed and the conclusions arrived at, he will perceive that what follows is truly not "theory," but fact,—a statement of the truth in regard to the nature and phenomena of passive congestion, and of the diseases in which this condition is an invariable feature.

A presentation of this theory in connected form and in meagre outline, will consist to some extent of a brief *resumé* of views proclaimed by the writer in a number of articles which have appeared in previous numbers of this journal; it will also involve some points not yet discussed.

This theory is based upon the idea that the congestive diseases are wholly due to ganglionic depression, and the idea is expressed in the axiom: That whenever idiopathic passive congestion be present, it is due to gangliasthenia.

Gangliasthenia was defined to be depression of the ganglia with corresponding exhaustion of the ganglionic nerve force and loss of nerve power. The condition can be local or general, chronic or acute, and as affecting the arterial or venous sides of the circulatory apparatus could be specified accordingly as either arterio-motor or veno-motor in its form. The causes of the condition must be sought in the environment of the individual,—the depressing agencies which constitute it. These act by making a greater demand upon the ganglia for nerve force than they can supply; hence they act indirectly in the majority of instances. The depressing agencies which act directly are few in number. The form of the condition produced is in logical accordance with the nature of the operating agencies, and the nosological shape assumed corresponds in natural sequence with the form of the condition. The changes which occur in the tissues of the ganglia are termed resultant effects of the primary condition.

*The introduction of organization among the data, or facts of sciences, is theory. A number of phenomena are given, and perhaps, with no want of orderly relation among them; but as yet they exist without apparent basis or support. The question, therefore, is concerning a sufficient ground or cause to account for them. I therefore step in and underlay the phenomena with a substructure or subposition, such as I think capable of supporting them. This is an hypothesis. Briefly, then, in a theory, I organize what is certain enough already, but undetermined in its relations; whereas, in an hypothesis. I assign the causality when previously it was either unknown or uncertain.—*De Quincey.*

Passive congestion is the immediate result of gangliasthenia and its natural sequence. They are joined together like links in a chain; they follow each other like cause and effect, and they correspond in kind and degree. By passive congestion is meant dimuniton of the normal force and velocity of the blood-current in the blood-vessels, and is either venous or arterial, according to the part of the circulatory apparatus in which it occurs. The immediate consequence of passive congestion or the remote results of gangliasthenia consist, as regards the blood, of changes in its character and of its relation to the containing vessels. These changes correspond with the form of the congestion and are its natural sequences. The changes in the character of the blood are numerous and agree with the form of the ganglionic depression and with the intensity of the passive congestion. The changes in the relation of the blood to the vessels consist chiefly of hemorrhages, and these occur (metrorrhagiæ excepted) as the consequences of arterial congestion. The most palpable example of this change is presented by the oozing of blood from the gums in scurvy or yellow fever. Here it is patent to the eye of the observer.

The existence of passive congestion is manifested by certain phenomena termed symptoms, and which may also be regarded as its sequences; for the latter could not be perceived if the former were not present and preceding. These have been explained, and will be simply named in this connection.

Initial Symptoms—Chilliness, weariness, insomnia, lassitude, languor, listlessness, hot flushes and cold chills.

Subjective Symptoms—Cephalalgia (frontal), asthenopia, exophthalmos, anorexia, nausea, stiffness and numbness of hands, pain in nape of neck between scapulæ, along spine, in shoulders, elbows, knees, calves and medulla of long bones, atonic voice, sense of constriction and tinnitus aurium.

Objective Symptoms.—Lachrymation, ptosis, changes of pupil, injected and icteroid conjunctivæ, excessive sweating, vomiting and retching, hyperthermy and hypothermy, cold hands and feet, sweating hands, discoloration under nails, congestion of hands, œdema of feet and ankles, hemorrhages and diarrhœa.

Nearly all of these symptoms have appeared simply as idiopathic affections, and any one of the ganglionic or congestive diseases can be formed synthetically by combining them. It was the fashion about 15 years ago to attribute them to spinal irritation, and all the devilish appliances of a barbarous art were brought to bear upon irritated spines. Within the last few years the popular name for the condition to which these symptoms are supposed to be due, has been neurasthenia. It remains to be seen whether the term gangliasthenia, invented by the writer as indicating the condition to which they can be correctly ascribed, will be adopted or not.

The complement of this theory is the discovery by the writer, that the bromide of ammonium possesses properties not hitherto attributed to it—properties which constitute it a specific remedy in the condition of gangliasthenia. Given at that stage of the ganglionic diseases denoted by the initial signs of disorder, it restores the ganglia to their normal power, and averts prolonged, violent, and fatal sickness. It has this happy effect more particularly in what may be called the "typical" cases of gangliasthenia. These will often be met in practice, and the person who uses the remedy in these cases will be charmed with the almost magical effects wrought by it. Familiarity with its use and study of its action, will inevitably lead to the adoption of the views here expressed. One fact in regard to it has not yet been stated: It produces its best effects when the tongue is clean and moist.† There will also be under the most favorable circumstances, a certain per cent. of cases in which, though the indications seem clear, the prescriber will be disappointed in its action. This can be accounted for by some undiscovered condition which, like lithæmia or oxalæmia, prevents or interferes with its physiological effect.

The writer has stated in another connection that his aim in preparing this series of articles, was to furnish something refreshing, but he begs leave to state that he had a higher object in view. This object is so well expressed as to its accomplishment in one instance, that a correspondent will be quoted, who says: "I have read your articles in the MICH. MED. NEWS with intense interest, and confess they were a perfect revelation to me, as they filled a gap in my knowledge, and enabled me to treat a number, yes, a very large number of cases successfully, for which, until then, I had neither the insight nor the remedy to treat." The charge of egotism will not lie here, for the quotation is not made in that spirit, but to show one of the objects aimed at. The desire was to make known correct views of the commoner forms of disease, and to furnish those who desire so use it, a powerful weapon with which to combat them, and one which they did not before possess. The condition that had been pointed out as underlying the various phenomena of every day disease, and its complement, the newly indicated virtues and therapeutic uses of the bromide of ammonium, are regarded together as a discovery to be recorded in the annals of medicine. This discovery is dedicated to the rank and file of the profession, to the men whose toils are many, and whose rewards are few, and they are requested to do all in their power to contribute to extend the knowledge of this admirable remedial agent, and the doctrines taught by its physiological action.

The writer is fair to acknowledge that the letter (as well as many others received), from which the above quotation is made, is very gratifying to him, but he cannot close this article without referring to one illustrious convert to his views:

In the *Therapeutic Gazette* for October, 1881, the

†This is the case in Asiatic cholera.

urbane editor of that journal, in an article entitled, "Malaria, is it an Entity?" says: "The above, and many other facts, are adducible to prove the existence of an entity in malaria, although our senses cannot perceive it, and until some hypothesis is advanced which shall more satisfactorily explain results plainly cognizable, we shall stand by the old doctrine.

In the November number of the same journal, in an editorial on "The Poisonous Nature of the Secretions," he remarks: "It is barely possible that if investigators were to direct their search for the morbific influence, more to the 'environment of the individual,' than to bacteria, micrococci, algæ, *et id genus omne*, an advance might be made from the stationary condition in which such matters have remained for a quarter of a century, notwithstanding the wealth of intellectual research which has been lavished on them."

Finally, it is requested that severe cases of disease in which the bromide of ammonium produces its striking effects, will be reported by those who have the good fortune to remember to use this remedy in the proper way.

[Stenographic report by Mr. J. R. Arnold, medical student.]

Clinical Lecture at Michigan College of Medicine Polyclinic.

BY PROF. HAL. C. WYMAN, M. D.

Neurasthenia.—Mrs. S., æt. 20 years, works at washing and ironing; has been sick about two years with pain in the breast and back.

Prof.: How long have you been married?

Patient: About two years.

Prof.: Any children?

Patient: No.

She has had no miscarriages; has never been pregnant; almost constant pain in the chest and back. The pain began first in the chest. She says she never was very strong; has always had to work hard; appetite not very good; does not sleep well nights; sometimes has night sweats.

Prof.: Where else did you have pain besides in the chest and back?

Patient: In the head just over the eyes.

Prof.: Do you have any cough?

Patient: Not much.

Prof.: You notice she does not look well. Her pulse feeble, but regular. Have you taken any medicine?

Patient: None except some pills; always keep them in the house.

Prof.: Do you ever drink beer or whisky?

Patient: No, never.

Prof.; Mr. P., look at her tongue, and tell what you think is the matter.

Mr. P. (student): The tongue is very heavily coated; the edges also are sore; has also trouble with her throat.

Prof.: The menstrual flow is not quite regular; no history of venereal disease. Gentlemen, you should always look well into this. Always be sure that your patient has no venereal trouble. How often do you have these sick spells?

Patient: About once in two weeks.

Prof.: What do you take at these times?

Patient: I generally take some pills, which seem to help me. I do my own house work, besides washing and ironing.

Prof.: Mr. S. (student), listen to her lungs, and tell us if you can find any lung trouble; ascertain whether she has pneumonia, or bronchitis, or emphysema. You notice from examination that it is not always a simple matter to see what ails a person, no matter how superficial the illness may be. We find that she can move around quite briskly. It is your duty to look very carefully into every case that comes to you, and ascertain whether there is anything at fault. As I have said to you before, patients do not consult the doctor merely for the fun of the thing, so to speak. In the great majority of cases they are sick, or, at least, they think they are. You do not want to say there is nothing the matter until you are sure, and if there is no illness, tell the applicant so. Well, Mr. S., what do you find?

Mr. S.: I think I hear the moist rale.

Prof.: How about the respiration?

Mr. S.: The respiratory efforts in one lung are more rapid than normal; the rhythm is disturbed in the same way.

Prof.: Diminish the volume of air in one lung, and you will get more than is normal in the other. You apply your ear. What do you notice?

Mr. S.: I hear a very slight sound during inspiration.

Prof.: Mr. R. (student), examine this lady, and let us see if you agree with Mr. S.

Prof. (to the patient): Have any of your relatives ever died of consumption?

Patient: Yes, a sister died when 18 years old.

The trouble with the menstrual flow may come from serious complication of the lungs, and might be absent for two months. Mr. R. what do you find?

Mr. R.: The air does not enter the right lung as freely as into the left.

The patient cannot always tell you just what is the matter; will ask you for your opinion; and you will find that you will be better able to make up your mind after you have have made a thorough examination. When one lung is smaller and the quantity of air that enters is less then the other will take in a larger quantity than usual.

What do you think Mr. M.?

Mr. M.: I could tell better by feeling the chest with both hands and have the patient take in a full breath. In this way I could ascertain when one lung filled more than the other.

In the lung the respiratory murmur is somewhat prolonged. If it was bronchitis it would affect both sides of the lungs.

Prof.: Mr. F. how would you recognize emphysema?

Mr. F.: By the length of respiration. The contraction of the lung would not be so great. The elasticity of the lung would be diminished and expiration wold be longer.

Prof.: Then you would exclude emphysema. What else might be the fault?

Mr. F.: The pain might come from old pleuritic adhesion.

Prof.: How would you recognize it?

Mr. F.: By the severity, persistence and history of the pain.

Prof.: But the pain and history are not so severe in this case as it is in pleuritic adhesions, so we must exclude that. What else might it be?

Mr. F.; It might be engorgement of the liver.

Prof.: How would you find out?

Mr. F.: By examination by palpation.

Prof.: Well go ahead and examine the liver.

Any enlargement of the liver?

Mr. F.: No.

Prof.: What else cold be wrong?

Mr. F.: It might be neuralgia.

Prof.: How would neuralgia diminish the quantity of air in the chest?

You can readily understand why neuralgia would cause this trouble. The muscles would not act so freely, cousequently the air would not enter with the same force. What are diagnostic signs of neuralgia of this part?

Mr. F.: The pain would follow the course of the intercostal nerves and the pain would be more severe in spots which would be indicated by pressure.

What do you think of this being neuralgia?

Mr. F. It might be hypochondriasis.

Prof.: Why do you think so?

Mr. F.: Because the patient does not seem able to locate the pain properly; she does not seem to limit the pain.

Prof.: Suppose she has pain all over the side what else might be the matter?

Mr. F.: It might be tuberculosis.

Prof.: Mr. M., what do you say, do you think we have tubercle? By noticing the physiology and mechanism of respiration, we can get a very clear diagnosis. What signs favor tuberculosis?

Mr. M.: In tuberculosis the respiratory murmur is deficient on one side. The movements are deficient. You cannot get an active expansion of the chest. There will be a depression below the clavicle or one side.

Prof.: Where does tuberculosis begin in the apex or base?

Mr. M.: Generally in the apex of the lung, the patient looses flesh and the appetite fails.

Prof.: What condition of the system do we have before tuberculosis?

Mr. M.: Derangement of the digestive organs.

Prof.: Mr. I., what do you think of this patients digestive system?

Mr. I.: It is not very good.

Prof.: Mr. M., what would you do for the patient?

Mr. M.: I would improve the digestion.

Prof.: How would you do that; she wants to get better?

Mr. M.: I would give a tonic to improve the appetite. I would give a preparation of quinine and iron and also nux vomica.

Prof.: we will place the patient on this combination and believe that when she next presents herself at this clinic her condition will be found to have considerably improved.

Pott's Disease. Mr. ——, æt. 41. How long have you been sick? Three months.

This man was bruised between train of cars, says he has to lie in bed all the time, complains of pain in the stomach. In Pott's disease people often complain of pain in the stomach.

Did not have any loss of sensation or motion in legs, but had difficulty in passing water as soon as he was hurt. Now in this case there might be an injury of the spine. In the back is a point wanting the contour of the spine; you can see a depression in the spine. A partial dislocation the spinous process driven down on the spinal cord, so that there is a partial dislocation or fracture of this vertebra (the 9th.)

This pain in the stomach might be due to two things:

1. Injury to the stomach or fracture of the ribs.
2. Or it might be due to disease set up in the spine.

To ascertain where this difficulty of the stomach comes from, we inquire if the pain began at the time of the injury or began about two weeks afterwards. Although this man may not have "Pott's disease of the spine" at present, he may ultimately have it from this disease of the body of the spine. His general appearance would not indicate it now. This trouble in the stomach is one of the earliest symptoms of Pott's disease of the spine.

This disease of the vertebra causes the breaking down of the body of the vertebra. There was an injury to commence with. This disease is mostly found in persons who are teamsters. The injury first begins in the intervertebral substances then in the bodies of the urethra.

In all cases of Pott's disease of the spine I have been able to trace it back to some injury or hurt, then pain in the stomach some three or four weeks after the injury.

I have seen cases, watched them very closely, where the only symptom was burning in the stomach. I have seen the spine drop out in a week and an abscess form in the groin or lumbar region. They are called femoral abscess. The left side of the chest acts as though there was something wrong in it. No apparent bulging. Another injury he may have suffered is injury to the kidneys. He may be incidentally recovering from an injury of the kidneys. This is a bad place for reverse curvature (about the ninth vertebra.) No history of elevation of the temperature. There is possibly some effusion in the left chest. The action of the heart

is very quick. There may be injury to the solar plexus. We have to use the solar plexus in the explanation; it may be an injury to the circulation of the blood.

Genital Reflex.

BY G. W. CHROUCH, SHAFTSBURG, MICH.

In the October No., 1881, of the *Alienist and Neurologist*, Dr. E. W. Saunders reports four cases of paroxysms of abdominal pain associated with adherent prepuce. In his case cure followed circumcision. Your humble writer has had experience like that of Dr. Saunders, but has not reported it for fear of being found "off his base" on assigning the cause of the condition of the genitals. One case, in which there was adherence caused by traumatism (a kick from a schoolmate,) the prepuce was adhered everywhere and terminated, in front, in a heavy tendonoid ring with an opening not larger than to admit a No. 6 catheter. In this case there quite a marked motor paresis in the legs and paroxysms of cephalalgia. Relief of both these followed circumcision. Upon carefully interrogating this patient, I found that the headache followed, sure, whenever there was a prolonged priaprism.

Case No. 2 was not the result of an adherent prepuse, but was produced by cicatricial contractions, from cauterizing chancres. When this patient had a priaprism he suffered exceedingly from the pain of the paraphimosis. Not only this, but from the irritation and by decomposing exudates and secretions, he could not keep the surface of these cicatrices from becoming eroded, and this made him think they were unhealed and incurable chancres. Circumcision not only put an end to the abdominal pains, but the penis has ever since been sound (to all appearances) and normally tough. He says he would not have prepuce back on, and as it was, and not know what he now does of the good effects of circumcision for a thousand dollars. He says, "I have lived a life in hell for many long months—filled with the worst of fears and doubts. But now I am in paradise, so far as my mental condition is concerned. And I never paid a bill with so much satisfaction as I had in paying you for your job."

Selections.

Diaphoresis in the Treatment of Blood Diseases.—There are 2,381,248 sweat glands, more or less, in the human body. The average quantity of watery vapor excreted in 24 hours is two and a half pounds, one-third by the lungs. If this takes place naturally, how much more might be got rid of artificially? The chief function of the sweat is the removal of excess of water, with the dissolved products of animal combustion contained therein. The sweat, like urine, is easily affected by drugs taken by the mouth, as shown by the administration of turpenttne internally, etc. Why, then, should it not be used to throw off poisons which may have got into the blood by absorption through the alimentary canal, lungs, or as a secondary affection?

The skin performs the functions of the kidney, and excretes urea, when the latter organ is disabled. Why, then, should it be made to increase its own activity where blood-poisoning has occurred? In pyemia, does not the poison form abscesses all over the body, seeking an outlet and finding none? Why, then, do we not assist it to a means of exit, *i. e.*, the sweat glands?

In fevers, do we not make use of diuretics and purgatives to stir up those excretories, the kidneys and bowels? But how many of us attempt to stir up the 2,381,248 sudoriparous glands? In the burning heat of fever, does not the production of perspiration cause an equable temperature to the whole body, and do we not view its occurrence in a fever-stricken patient with satisfaction? Yet how many of us attempt to produce it artificially, to rouse up the skin as we do the kidneys and bowels? The treatment of fevers by cold applications has descended from Hippocrates, and no one but a fever patient can appreciate the luxury of it; but there is a far more efficient agent than cold at our disposal, *i. e.*, the vapor bath. The wet sheet packing, or cold in any form, certainly reduces the temperature for the time being; but the vapor bath opens the millions of little apertures on the surface of the body, rousing them up to the fullest exercise of their excretory functions, not only getting rid of effete products of combustion, and other septic influences which may have entered the system, but, in addition to this great antiseptic performance, lowering the temperature of the body quite as effectually as the application of cold could do. That the sweat does regulate the temperature in a very marked degree, is obvious from the fact that it (the sweat) is the great safety-velve of Europeans in the tropics. A well known writer of the present day has the following: "The whole subject of body heat, its production, its dispersion, and their disturbances, calls for mere general attention than it has yet succeeded in attracting;" and he advocates the use of cold or tepid baths.

Jaborandi has been spoken of to produce diaphoresis; but why look to drugs when we have the means at hand in any bed-room? A cane-bottom chair, blanket, tin pan, and spirit lamp, and the requisite apparatus is before you. If the patient is unable to sit up, use Sir J. Y. Simpson's method in bed. There is no need to use the vapor bath to excess, any more than there is to give drugs in excessive doses, discretion being as necessary in the one case as the other. Let us not point at the British Pharmacopeia, saying, What! shall we use such a simple means as diaphoresis, when we possess this mighty armamentarium of drugs? Let us rather call to remembrance the story of Naaman, the Syrian, and the waters of the Jordan.—Dr. C. F. Naismith, in *Edin. Med. Jour.*, Dec., 1881.

A Case Illustrating the Identity of Croup and Diphtheria. Dr. T. F. Pearse reports the following case in the *Brit. Med. Journal:*

On August last a boy, 6 years old, returned to his home in the country, from having been to the Moorfields Ophthalmic Hospital and undergone an operation for traumatic cataract. About a week later he complained of sore throat, and his mother states that he was ill and troubled with it for a week. About ten days after his return from London, his elder sister was attacked, and a few days the commencement of her illness the mother, another son, and the baby were seized with it. The baby was a sickly, delicate child at the time. suffering from acute eczema of the head and neck. For two days, how-

ever, it became very ill and could not be got to swallow. The throat was reddened and swollen, but there was no false membrane to be seen. After two or three convulsive fits it died quietly. The other sick members of the family—namely, the mother, eldest daughter, and one son—were all feeling ill, and complained of their throats; but besides swelling and redness of the tonsils and palate, there was nothing suspicious to be seen. A day or two after the baby died, however, the boy, who was at the time ill in bed, became much worse, and false membrane of an unmistakable type appeared on the uvula, palate, and tonsils. Shortly after this another son was taken ill, but with only the sign of ordinary sore throat. Up to this time the only remaining member of the family (besides the husband), who had not been ill was a little boy, aged three years. About a week after the baby's death, however, he was said to be poorly, and complained of his throat. His symptoms gradually developed; he became worse, coughed a little, lost his appetite, and his mother said he seemed at times as if he was going to be choked. There was no membrane visible from the mouth, the throat being merely red and swollen. The child, however, when asleep breathed noisily, as if there was some obstruction in the larynx. The mother stated he woke during his sleep, had fits of coughing with a "croupy" noise, and great difficulty to get his breath. He was rather better during the day. The case of this last child corresponds exactly with the disease, so-called "croup," whereas that of the other child, his elder brother, exactly corresponds with the ordinary form of diphtheria. The family, though not strong, have previously been in good health.

These cases all seem to have occurred through the illness of the boy brought from London. There has been no other case of diphtheria in the neighborhood. In only one case has actual membrane been discovered; but the prostration, swelling of the glands of the neck, and other symptoms of diphtheria, have been very marked. The boy with so-called "croup" is just the age at which this disease occurs; the others may be said to be too old for "croup."

Therapeutics in Ozœna.—Dr. Max-Schæffer, of Bremen (*Edinburgh Medical Jonrnal*, for December, 1881): As to the therapeutics of this unbearable diseaseit is in the first place necessary to clean the nasal fossæ, to get rid of the putrid secretions as well as the crusts. We ought for this purpose to employ the English syringe; the other means are insufficient.

He makes injections twice a day with a solution of chlorate of potash in the proportion of one teaspoonful of salt to one litre (35¼ fl. oz. and 11 minims) of tepid water. In the atrophic period, the author introduces into the nasal fossæ tampons of cotton-wool, which he leaves there for several hours in the interval of the injections. After eight days of the treatment the bad odor has most frequently disappeared.

The numerous observations of poisoning from chlorate of potash ought to make us careful in using it. For this purpose the author uses alternately solutions of this salt with weak solutions of permanganate of potash, and of strong solutions of sea salt, with the addition of some drops of tincture of iodine. He distrusts carbolic acid, as he has noticed that the patients subjected to other treatment recover the power of smell, whilst after treatment by carbolic acid this sense is completely lost. For syphilitic ozena, the author has employed with great success solutions of iodide of potassium, of bromide of potassium, and of sodium.

It is indispensable that the patient should be carefully taught to use the English syringe, without the proper use of which all other treatment is of no effect.

Dr. Max-Schæffer, besides, at every stage of the disease employs insufflations of various powders—Crystalline nitrate of silver very finely powdered 0.1–1.0 ad talc 5.0; sodæ benzoat. 1.0, talc 5.0; acid boracic. pulverat. pur.; alum pur.; tannin pur.; iodoform pur. in syphilis.

If the mucous membranes are hypertrophied, they are cauterized with the galvano-cautery. In caries of the bone, the ulcer is scratched out with the spoon. Necrosed bones must, if possible, be at once removed. In three cases Dr. Max-Schæffer removed the entire vomers, after which the ozena very quickly disappeared.

Whilst we employ local treatment, it is necessary to pay great attention to the general treatment, constitutional, hygienic, etc., which at all stages of the disease is of the utmost importance.

Aphthous Vulvitis and Gangrene in Young Children.—Prof. Parrot (*Revue de Médicine*, 1881, p. 177). The etiology of aphthous vulvitis is one of the most interesting points in the study of this disease. As to age, thirty-three out of fifty-six patients were between two and four years old. As to sex, Parrot remarks that he has met with one case of balano-posthitis in a little boy. Measles occurred in thirty-nine cases, showing a very strong causative connection between this fever and the aphthous ulceration. It would be going too far, however, to consider this relationship as constant. Prof. Parrot found the aphthous inflammation in no fewer than sixteen cases where there was no pyrexia. Whooping-cough, varicella, erysipelas, pneumonia, and diphtheria have each been noted in connection with the affection under consideration, but it is questionable how far they may have any specific causative influence.

The treatment of aphthous vulvitis is a matter of much moment. At first Parrot used to employ the usnal remedies in vogue—topical emollients, cataplasms, tonic, detersive, and absorbent powders, as charcoal and quinine, aromatic wine, chlorate of potassium,—all without avail. At present he is much more successful, thanks to a single topical application,—iodoform. As soon as the affection has developed, a fine layer of iodoform powder is applied to the affected parts on a bit of cotton, and the opposing sides are kept apart by means of patent lint. This application is renewed every twenty-four hours until a cure is attained, which is not very long. The anus does not yield so easily to treatment as the vulva, but it does heal after some weeks, and these masses of sphacelus formerly observed are no longer seen.—*Medical Times.*

☞The names of those who have remitted for volume V. (the current year), will be found in the advertising department of this number. It is highly desirable that subscribers should remit promptly, in view of certain changes contemplated in the method of mailing, which make it necessary that the list be arranged as soon as possible for the new year. We think we may confidently hope for a general remittance against our next issue.☜

TABULAR STATEMENT, SHOWING THE POINTS OF DIFFERENTIAL DIAGNOSIS OF CARDIAC VALVULAR LESIONS.

Lesion.	Characters of the Murmur.			Effects of the Lesion on the Heart and Circulation.								
	Points of differential maximum intensity.	Rhythm.	Directions of propagation.	Left ventricle.	Left auricle.	Lungs.	Pulmonary second sound.	Right ventricle.	Tricuspid valve.	Right auricle.	Systemic venous circulation.	Arterial circulation; pulse.
Mitral stenosis.	Apex, which is normal.	Presystolic.	Downwards and inwards to a limited extent.	Normal or small.	Dilated and hypertrophied.	Engorged lung symptoms.	Accentuated.	Hypertrophied and dilated.	Towards end may be incompetent.	Dilated and hypertrophied.	Engorged; dropsy; face blue, and effects of engorgement of stomach, liver, kidneys, brain, etc.	Small, weak, unequal in volume, irregular in time.
Mitral regurgitation.	Apex, which is displaced downwards and outwards.	Systolic.	Upwards and outwards to left axilla, and inferior angle of left scapula	Hypertrophied and dilated.	Dilated and hypertrophied.	Engorged lung symptoms.	Accentuated.	Hypertrophied and dilated.	Towards end may be incompetent.	Dilated and hypertrophied.	Engorged; dropsy; face blue, and effects of engorgement of stomach, liver, kidneys, brain, etc.	Small, weak and irregular in time.
Aortic stenosis.	Second right costal cartilage.	Systolic.	Upwards along course of aorta and into vessels of neck.	Hypertrophied.	Normal.	Normal.	Normal.	Normal.	Normal.	Normal.	Normal.	Small, regular and of good strength.
Aortic regurgitation.	Second right costal cartilage, mid. sternum, lower end sternum.	Diastolic.	Downwards to lower end of sternum.	Hypertrophied and dilated.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound; face pale.	Jerking, visible, collapsing and tortuous.
Tricuspid regurgitation (usually secondary)	Lower end of sternum.	Systolic.	Upwards and outwards towards right.	Normal if lesion is primary.	Normal if lesion is primary.	Normal or anemic if lesion is primary.	Weak if lesion is primary.	Hypertrophied and dilated.	Incompetent.	Dilated.	Engorged; venous pulsation in neck, dropsy, etc.	Small, weak, irregular.

Byron Bramwell, M. D., Lecturer on Medicine in Extra Academical School, Edin., in *London Lancet.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, FEBRUARY 10, 1882. No. 3

Editorial.

Small-pox and Vaccination.

The question which is uppermost in the professional mind at this particular time, especially in the northwest, is that of small-pox. Coincident with the onset of the epidemic (if it may be called such), which is now prevalent, is the revivification of the question of the protective influence of vaccinia against variola. It seems almost an imposition on its readers for any medical journal to discuss this question, and yet there are now being cited respectable authorities who hold that vaccination does not protect against small-pox. The public are quick to draw conclusions, and, being much influenced by authority, if no effort be made to counteract the effect of the citation of such authority as the public prints are parading to the condemnation of vaccination, the ultimate consequences cannot but be disastrous. We have even heard physicians, during the past week, influenced to some extent by statements in our daily papers, express doubt as to the value of vaccination, and although it is almost a "slaying of the slain" to argue the affirmative of the question, it may be profitable, at this time, to do so.

A very striking illustration of the value of vaccination, is furnished by the experience among the officials of the London General Post-office. According to the *British Medical Journal*, the average number of persons permanently employed is 10,504, and all are required, on entering the service, to be revaccinated, unless the operation had been performed within 7 years previously. In the 10 years, 1870–79, there occurred only 10 cases of small-pox among them, all of a very mild character. The disease has been prevalent in the metropolis to an unusual degree in that period, and letter-carriers, and perhaps other post-office employés, are as much exposed to the risk of contagion as any class of the population.

The fact of this protection may be proved in another way, viz., by showing the difference in the rate of mortality among the general body of the population, according as they have or have not been vaccinated. Dr. Buchanan, the medical officer of the local government board, has recently collected the statistics of the small-pox mortality in London. The figures refer to the year ending May 29th, 1881, and show the comparative mortality among vaccinated and unvaccinated persons at different ages, the rate being calculated at per million persons living in each class:

	Vaccinated.	Unvaccinated.
All ages.....	90	3,350
Under 20 years.....	61	4,520
Under 5 years.....	40½	5,950

This table suggests a great many lessons. First of all it shows how great the advantage the vaccinated have, in case of being attacked by small-pox at any age; but it also shows clearly that protection is greatest in direct proportion to the shortness of the time which has elapsed since the operation was performed. Or to put it in the opposite way, it shows that the protection diminishes steadily with advancing age. The chances are 146 to 1 against the unvaccinated child under 5 years of age, compared with the vaccinated, while there are only 37 to 1 when all ages are taken, including, of course, these well protected children. It is clear that the safeguard supplied by vaccination is greatly weakened in adults, and it is a fair inference that the protection continues to diminish through the whole of life.

The completeness of the immunity from attacks of variola depends, therefore, on two circumstances, the thoroughness with which it is performed, and the length of time which has elapsed since the performance. As regards thoroughness, we can only say that it is in direct proportion to some constitutional change, effected by the introduction of the vaccine virus. We have no means of testing the sufficiency of that constitutional alteration, except by the immunity conferred from variola on the one hand, and from any symptoms of vaccinia when revaccination is tried. The former of these tests, of course, is not applicable in ordinary cases, and so the ability to resist any further introduction of the vaccine virus is the only satisfactory proof that immunity is perfect.

As law and public opinion at present stand, we have to be content, in most cases, with even less than that, and the practical evidence that vaccination has been properly performed, is to be found in the number and character of marks left on the skin. The mere number of marks is not, of course, in itself the point, but the area over which they extend, that being, on the average, large in direct proportion to the number of distinct scars.

Another question which is being much discussed, is the effect which humanization has on the vaccinia virus. Notwithstanding Jenner's opinion to the contrary, the profession have come to regard humanized virus with disfavor, the alleged reasons being the danger of syphilitic infection from its use, and the belief that it loses its activity through humanization. This question is far from being a new one, but it has

within the past few years come into unusual prominence, and as a result (perhaps a cause), of the prevailing opinion regarding it, there have sprung up throughout the country numerous "vaccine farms," on which is propagated virus from the original "Beaugency stock." We are not prepared, at this time, to discuss this question; it, indeed, seems to us that statistics alone can decide it, and we are not cognizant of the existence of any such statistics as are sufficient to constitute the foundation of an intelligent opinion. We cannot, however, but express the belief that the benefits which should arise from an abundance of bovine virus is largely negatived by the improper propagation of such virus. It is to be feared that the commercial spirit, which, unfortunately, is not always synonymous the highest kind of honesty, has invaded the vaccine stables, and that all the virus in the market is not the "pure quill." The successful propagator should have a knowledge of what a typical sore is; he should be capable of detecting vaccine lymph from pus, and having detected, should be too honest to dip his points in pus, and send them out as coated with vaccine lymph. We have received a number of communications referring to the large percentage of failures in primary cases this year as compared with former years. If such a difference actually exists, it may possibly find its explanation in the point suggested. This possibility would seem to render necessary confidence in the ability and integrity of the propagator whose brand is employed.

Abortion in Obstinate Vomiting of Pregnancy.

A very interesting, and, in many respects, instructive case occupied the attention of the profession of this city during the past two weeks. A woman had consulted two practitioners for relief from the vomiting of pregnancy, but without success. A third physician was then consulted, who, finding such remedies as he administered futile and presuming that former physicians had exhausted the materia medica on the case, determined upon and induced an abortion, which he accomplished by puncturing the membranes. The subsequent results were disastrous and the woman died in a few days following the miscarriage. At the instigation of one of the physicians originally in attendance, the coroner's attention was directed to the case and representations made to that official, coupled with the rumors which were rife, led him to order a post mortem, to impanel a jury, and to hold an inquest. At the examination the physician in charge admitted that he had induced the abortion, considering it essential to the woman's safety. He had, however, called no physician in counsel in regard to the necessity of the operation, as required by law, pleading ignorance of the requirements of the law under the circumstances of such cases. Leading physicians summoned to testify in the case agreed to the necessity of the abortion under the symptoms as they had been detailed, and the physician who induced it was exonerated from moral responsibility. The law, however, forbids a physician's inducing an abortion without consultation with other physicians, and ignorance of the law is no excuse for its violation.

It is the manner through which the latter dilemma was gotten out of, that vests the case with peculiar interest to the local profession. It appeared in the evidence that the physician had advised a midwife of his intention to induce the abortion, and this was the loop-hole through which he was absolved of legal responsibility. In order to render effective a somewhat stringent health law, in the absence of any recognition of the medical profession by the state, our local health board makes use of the phrase "physician or person acting as such." A midwife is a person acting as a physician, and this was held to meet the requirements of the law in this case.

The abuses to which the recognition as physicians of all "persons acting as such," are capable of leading, is manifest. Fortunately in the case under consideration, the result of such recognition was in the interests of justice. Our city has achieved a very unsavory reputation for criminal abortions during the past few years, but bad as things have been in this direction, the recognition as physicians of any one who may, even for the time being, act as such would add ten-fold to the enormity. A people who regard the passage of a medical bill looking to the requirement of a medical education in those who assume the weighty responsibility of the physician, as dangerous class legislation, may perhaps, ere long, be convinced, by the logic of events, of the necessity for a change of base.

Miscellany.

One Unquestionable Result of the Guiteau Trial.—The *American Medical Weekly* finds a warrant for the following in the Guiteau trial, and there are many who will respond to the sentiments with a hearty "Amen! brother:" At the commencement of the trial of Guiteau, there was an almost universal confidence in the popular, as well as in the professional mind, as to the judicial ability of the medical profession to diagnosticate, with reasonable certainty, the character and degrees of mental alienation presented for examination. This was a tradition, as well as a conviction, with the profession of medicine, while the profession of the law not only accepted it as a truth beyond dispute, but the bench never pretended to call it into question, and committed a patient to an asylum, on the mere basis of medical testimony. And if a prisoner was tried for crime, the judge so charged the jury, that conviction or acquittal rested absolutely in the power of the medical experts called to deliver their testimony.

Indeed, in many states, the judiciary has no alternative left by the statutes, and if any one declared by a jury of medical men to be mentally alienated, is brought before a judge, or has the facts, in his

absence, presented to a judge, his commitment to an asylum is the invariable result. More than this, in many states, the written judgment or opinion of three physicians, as to the mental condition of any one, is sufficient to deprive that citizen of his liberty, and to immure him in the cells of an asylum for the insane. Such has been the record and the law; such the conviction and endorsement of the medical profession; such the custom and the rule with bench and bar; while the clergy have taken such rulings as absolute, and the people have said it must be so, if the doctors have said so; "*Marcus dixit ita est.*"

No tribute to the ability of the medical profession could have been more marked and absolute, and the very liberty of the citizen has been, without demur or question, committed to the diagnostic power and professional decisions of physicians.

What is the conviction of the profession and of the people to-day, after giving the so-termed medical experts a fair hearing, and their testimony an honest consideration? It is that the claimed ability of the profession to determine these questions is absolutely utenable; that their testimonies, when put to the test, have been so different to the evidence expected and assumed, as to make their claim an absurdity, and to convert their proceedings into an absolute farce. This is strong language, but it is the truth; it is deliberately given, and it is given with the absolute certainty that it will be received as the truth by every unprejudiced physician, and by all the people.

Some of the "experts" regard insanity as a disease of the mind, the brain being sound. Some assert that insanity is a disease of the brain, the mind being only functionally disturbed. Some that insanity is not a disease either of the mind or brain, but that it comes from without, and not from within; that it is eccentric and not centric in origin. Some believe in moral insanity. Some declare this claim to be an absurdity. It has been said that the prisoner is sane, and always has been sane. It has also been said that he is insane and has always been so; more than this, that any one who declares him to be insane is either dishonest or incompetent. The entire professional record has been one of sharp antagonism, absolute contradiction and unscientific self-assertion, a record to produce only what it has produced, doubt, dismay, and disgust; a surprise to the public; an unspeakable mortification to the profession.

There have been physicians "on the stand" who are venerable not only in years but in reputation, gentlemen honored and beloved throughout the medical world. There have been others absolutely unknown, who have not scrupled to offensively condemn the opinions of their brethren who were distinguished, when these critics were born. And worse even than this fact, there have been mere upstarts, in regard to whom one may justly use the satire of Job to Nophar and his associates—"no doubt but ye are the people, and wisdom shall die with you."

But this forensic drama as a whole has been lamentable, pitiable and mortifying. It has made universal skepticism in regard to expert testimony in psychiatry an unquestionable result of the Guiteau trial.

Clinical Teaching in Detroit.—The following has been communicated:

Having noticed in the last number of the News an article condensed from the *Medical Record*, in which the clinical teaching of the New York medical schools is held up to be condemned by all aiming at an advanced standard of medical education, I have thought it but a simple act of justice that the method of clinical teaching in the Michigan College of Medicine should be laid before the medical profession. If the statements of the *Record* are strictly in accordance with facts, the medical schools of the great medical metropolis of this country must suffer by a comparison with those of this beautiful City of the Straits. There are no opera glasses here for the use of the student who sits away back in the amphitheatre, looking over the heads of three or four hundred to see the professor examining a patient, whom he tells the class is suffering from mitral regurgitation. Each day at 11 o'clock A. M. patients are brought before the class, which is divided into small sections, to each of which a patient is allotted for examination and diagnosis. If the patient suffers from valvular insufficiency, or hepatic enlargement, or pulmonary emphysema, or albuminuria, or cystitis, or what not, the student is expected to detect the difficulty himself, through actual examination, and to prescribe for it, and not merely to give it a name from the symptoms which are detailed to him by the clinical professor. And this is *every day* work at the college clinique. It isn't only occasionally that the student is called down to examine a case; it is his regular daily duty so to do. This plan has reference more particularly to the chronic out-patient cases presenting at the clinique. In the case of acute diseases, the student is taken to the bedside of the patient in the College Hospital, and there made to examine the case, to make his diagnosis, and to write his prescription, subject to the correction and approval of the professor in charge. In addition to all this, students are in rotation given nights of watching and nursing critical cases in the hospital, thus being afforded an opportunity of familiarizing themselves with such cases as constitute the mental burdens of the practitioner's life.

There is nothing *doctrinaire* about this method of teaching. It possesses all the advantages of the old preceptor teaching to an increased degree, and has none of its disadvantages, while the regular course of didactic instruction, and chemical and anatomical work, goes on without interference. The Michigan College of Medicine has caught the true conception of such teaching as will best prepare the student to become the practitioner, while its facilities are fully up to all the requirements for such teaching.

A Few Notes From Abroad.—The following letter, dated Glasgow, Scotland, January 11th, has been received from Dr. G. W. A. Ross, of this city, who, with Dr. E. Kauffmann, a fellow-graduate from the Michigan College of Medicine, is now "doing" the medical schools and hospitals of the sea-girt isle:

I have thought that you might consider a few lines from here as not amiss. We arrived, after a very stormy passage, on November 16th, having on the way experienced the sensation of sea-sickness, and were in full sympathy with the lady fellow-passenger of ours who fell prone and kissed terra firma when her foot pressed it once again. The man who shall discover a remedy for sea-sickness, will, in addition to adding to his store of wealth, win for himself a place in the hearts of those of his kind who go down to the sea in ships.

Glasgow is a large manufacturing center, and there is abundant opportunity for the clinical study of all forms of accidents. The hospitals are not crowded with students, and consequently those who do attend reap the advantage. It seems very strange that students will not avail themselves of such opportunities, but such is the universality of human nature that the student on this side of the Atlantic, like him across the water, generally attends the cliniques only when he is obliged to, and unfortunately he is too rarely obliged to.

The antiseptic method is carried out here to the very letter, all operations and dressings being done under the spray. We have seen and assisted in nearly all the capital operations since coming here.

As compared with those whom we meet here we are deficient in some branches and excel in others. In materia medica and therapeutics particularly, we "take the cake," which is not strange when the course as given here is compared with the drilling we received at the Michigan College of Medicine.

On our arrival, we called on the secretary of the Faculty of the College of Physicians and Surgeons of Glasgow, he being also acting secretary of the Royal College of Physicians of Edinburgh. We presented our diplomas from the Michigan College of Medicine, which we found at once to be a passport into the good graces of the secretary, who became very much interested in the new school, the methods of teaching in American colleges, etc. On inquiring on what terms we would be admitted to candidacy for graduation, we were told to call the following day, and that he would in the meantime consider and consult on the matter. On calling we were informed that the fact of our holding diplomas of the Michigan College of Medicine entitled us to matriculation without examination, and that we would also be passed without examination in anatomy, physiology, materia medica and chemistry. We expect, by the time this reaches you, to have appended to our names the cabalistic letters L. F. P. and S., Glasgow, and M. R. C. P., Edin.

We go from here to the Rotunda at Dublin, and from thence to the continent, and may take the liberty of giving you some practical notes culled from our hospital note books.

Athole Arms Hotel, Glasgow.

Prevention of Conception.—Dr. Charles Ambrook, of Boulder, Colorado, writes: I most cordially thank you for publishing Dr. O. E. Herrick's article entitled, "Abortion and its Lessons." It is time that medical men took a new departure upon this question; we may as well accept and act upon the fact that abortions will be stopped as soon as there is found a safe and legitimate method of preventing conception.

The sexual appetite in its way is as powerful as that for food, and as long as men are *men*, and women are *women*, that fact will assert itself. Women do not marry eunuchs, and Battey's operation is a bar to matrimony. Every person concedes that no family is complete without children, but when they swarm like rats and worry their overburdened mother to the grave, as every physician can testify is a common occurrence, there becomes apparent the wisdom of the motto, "Fewer children and better ones." A woman to hold her husband must gratify this sexual appetite, but it does not follow that she must become a mother at the will of her husband; that function should be voluntarily exercised or not at all, hers the pains and perils and she should be free to decide. Physicians know too well the bitter heartburning, scalding tears and domestic trouble that arise from involuntary maternity. We have been too much in the habit of putting the question aside as one for religion to deal with, but from the fact that religious people are as prone as the infidels to dabble in the abortion business, we can infer that religion has no effectual remedy for the evil. If this is true, let us as physicians set ourselves to find one, and in the prevention of conception I believe it will be found. The statutes of the United States make it a states prison offense to send through the United States mails anything for the prevention of conception; so do the statutes of some States forbid dissection, and punish ignorance of anatomy.

Involuntary maternity is closely interwoven with crime, intemperance, pauperism and domestic discord. A solution of that question and one that excludes celibacy (see Chas. Fayette Taylor's article in the *American Journal of Obstetrics*, January, 1882, "Effect on Women of Imperfect Hygiene of the Sexual Function,") will ameliorate them all. Think of a consumptive woman bearing children with the knowledge that she is certain to leave them to the care or neglect of strangers; what must be her feelings! Involuntary maternity is the greatest outrage that can be inflicted upon a woman. See the numbers of poor women with large families and worthless husbands that are in every community; hardly a day passes but a physicians feelings are appealed to, to prevent their burdens from increasing.

I believe it possible to discuss this question from a natural stand point, to reason from facts and not accept namby pamby theories. Dr. Herrick has started it on the right basis; let it be kept there.

E. H., writes as follows on the same subject: Dr. Herrick's article in last number of the NEWS, is a valuable one and the people as well as the profession ought to be better informed than they are on that subject. He is mistaken, however, when he says that "injections properly used, are an absolute protection." All means will fail in some cases. I think the "skin covering," worn by the male is almost an absolute protection. I have known the "Comstock Syringe" to fail in at least one case where it was use by intelligent and careful parties, (carbolic acid being used.) I think the "Molesworth Syringe," better than the "Comstock," as it has no "sponge attachment."

It has been proved that, in some women at least, during the "orgasm" there is a movement in the neck of the uterus tending to "draw up" the semen within the womb. For this reason, any syringe is liable to fail, although I have known different kinds to be used with success for years. Very simple means will prevent pregnancy in some women, while with others it seems almost impossible to avoid it.

The editor says "for a certain time between the menstrual periods the female is not liable to conceive." No doubt that is true of most women but I have high authority for my belief that it cannot be relied upon.

SMALL-POX, SCARLATINA AND DIPHTHERIA IN MICHIGAN.—The following tabulated statement shows the mortality from the three most deadly of the infectious diseases in this state from 1875 to 1879, inclusive. It is compiled from the report of the Registrar of Vital Statistics. The steady rise in the mortality from diphtheria is sufficient to excite serious attention:

	1875	1876	1877	1878	1879
Small-pox	26	76	102	6	6
Scarlatina	423	399	404	429	418
Diphtheria	207	311	593	877	1473

DREAMS AND THEIR CONDITIONS.—J. Mortimer Granville, in *Popular Science Monthly:* Dreams are night thoughts, unchecked by the judgment, and uncontrolled by the will. It is not true that we do not reason in dreams, that the exercise of the judgment is wholly suspended, and that the will is entirely powerless, or ceases to act. These faculties are not altogether in abeyance, but they doze while the subordinate powers of the mind—those which play the part of picture carriers and record finders—ransack the treasures of memory, and mingle together in the direst confusion old things and new. Imagination is not active, but it remains just enough awake to supply the connecting links which give seeming continuity to those parts of the phantasmagoria which we chance to remember on recovering perfect self-consciousness, and which, being remembered, we call "dreams." No one remembers more than one dream, unless he has roused from sleep more than once. This experience has led to the inference that dreams only occur at the moment, or in the act of awaking. There are dreams which take place in the process of returning to consciousness—for example, those instantaneous scenes and spectacles which are suggested by the sound or feeling that rouses the dreamer; but, in result of a long and close study of the subject, with a view to discover the nature of dreams, and the laws of dreaming, for medical purposes, in connection with the treat- of sleeplessness, I am persuaded that dreams occur in the course of sleep and are wholly forgotten.

That they do not, and can not take place in deep sleep, is probable, because deep sleep is general sleep, and when this state prevails, the subordinate faculties are sleeping, and the pictures and records which compose dreams are not disturbed. To understand dreams we must understand sleep, and it is because the two phenomena have not hitherto been studied together that so little is generally known about either.

MEDICAL ÆSTHETICS. (After "Patience.")

A New York medical man,
A very much advertised man,
A pills-in-variety, talk in society,
Each-for-himself young man.

A Philadelphia man,
An Index Medicus man,
A think-it-all-gammon, this talk of Buchanan,
Great-medical-centre young man.

A Boston medical man,
A hyper-historical man,
An ultra-persimmon toward medical woman,
A Harvard-or-nothing young man.

A Chicago medical man,
A wide-awake, ethical man,
A good-as-the-rest-of-you, more-than-abreast of-you,
Down-on-the-East young man.

—*Medical Record.*

A Toronto medical man,
A money grab, get all you can,
A societies shirker, night and day worker,
Stick-in-the-mud young man.

—*Canadian Jour. Med. Sciences.*

A Detroit medical man,
An oily-tongued, political caucus man,
A know-all-about-it, no-room-to-doubt-it,
Prescribe patent medicine young man.

FUNGOID ORIGIN OF DIPHTHERIA.—*British Medical Journal:* Dr. Michael Taylor, of Penrith, in recording an isolated outbreak of diphtheria, expresses his belief in the influence of dampness as an

exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children, living in the same house and occupying the same bed-room, were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bed-room to become saturated, through leakage of the spouting, the paper on the wall facing a passage, between the apartment and a second bed-room, became sodden and separated from the plaster, and small clusters of toad-stool (*coprinous*) grew on the wall, as well as a fine thready bluish mould. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spouts, the house was dry; and it is remarkable that the three children slept several weeks in their warm cribs in the damp room without suffering in any way, and it was not until the fungi appeared that they were attacked with the diphtheria. This is in accordance with Professor Laycock's theory, that diphtheria depends on *oidium*, or potato-fungus, for although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.

Artificial Hunyadi Janos Water.—Dr. Matthew Charteris, in *Lancet:* The natural Hunyadi Janos water was observed to be an efficient, safe, and agreeable purgative in many chronic cases. It is, however, found to be too expensive for hospital use, and it was resolved to try it artificially. At first it was made according to Liebig's analysis of the natural water, but this was perceived to be too weak, and it failed to produce purgative action. Ultimately it was made thrice the given strength, according to the following recipe: Sulphate of magnesia, 514.92 gr.; sulphate of soda, 519.54 gr.; sulphate of potash, 2.76 gr.; chloride of sodium, 39.15 gr.; bicarbonate of soda, 15.60 gr.; water, 16 ounces. Dose, two ounces and upward. It will be observed that the chloride of calcium is omitted, but the proportion is so small that even when it was included there was no difference in the action. This inexpensive mixture, made for a penny per quart, can be effectually recommended. It will be found to possess every advantage attributed to the natural variety, the necessity for buying which seems to be done away with.

Comedones.—*Virchows Archives:* The black points, fleshworms, or comedones, which are found in the face, and especially near the nostrils, are not at all produced by the accumulation of the particles of dirt or dust, as has generally been believed, but by pigmentary matter which is soluble in acids. It is known, in fact, that black conedones which accompany acne often appear not only on persons exposed to dust or rather careless of their person, but also on chlorotic young girls who live in good circumstances. Besides, observation shows that the discoloration not only exists on the surface of old comedones, but descends always to the lower parts. Accepting this fact, Unna has used successfully acids in the treatment of comedones. He generally prescribes:

Kaolin	4 parts;
Glycerine	3 "
Acetic acid	2 "

With or without the addition of a small quantity of some etheral oil. With this pomade he covers the parts affected in the evening, and if need be during the day. After several days all the comedones can be easily expressed, most of them even come out by washing the parts with pumice-stone soap. The same results can be obtained by bandaging the parts affected for a long time with vinegar, lemon juice, or diluted hydrochloric acid.

The author concludes by saying that the acids act like cosmetics, as they transform the black color into a brown and yellow shade and destroy it gradually altogether; they produce a quicker desquamation of the horny bed which interrupts the exit of the comedones, and bring to the surface the glandular openings.

Some Pertinent Queries and Practical Suggestions.—Dr. S. E. VanAntwerp, of Vicksburg, Michigan, submits the following:

"Will you inform me whether vaccine matter will operate on a person who has had varioloid or variola? Several years ago a contagious disease was present in this vicinity, said to be, by some, variola, denied by some. Now if these cases had variola will they be subject to vaccinia? Can you also tell how Garfield could have both the eleventh and twelfth ribs both fractured by the same bullet?

A catheter is often obstructed by clots of blood. A suggestion the other day helped me to overcome this trouble. To a long string attach a small piece of cotton and push it to the extremity of the catheter before using, beyond the eyelets; if urine does not flow withdraw the cotton and it comes readily.

[We think the doctor's query in regard to vaccination is quite fully answered in article "Vaccination and Vaccinization" in last issue of the News. If the query regarding Garfield's ribs is a conundrum we give it up, together with many more of a similar kind which are suggested by the same case as reported by the attendants.—Ed. News.

Dr. J. R. Newton. of Benson, Vt., evinces a proper conception of independent medical journalism. Feeling that recent strictures on certain professors in the University of Michigan, whose personal acquaintance he enjoyed, were somewhat severe, he had resolved to no longer be a subscriber to the News. His cooler second thought, however,

induced him to pen the following which he sent with his remittance for the current volume:

"But I suppose the world would continue to move in its orbit and your excellent journal also, if I were to be so resentful as to withhold my patronage; so as I can get more good reading for one dollar by subscribing for the "NEWS" than in any other way, I shall continue my support and try to subdue my angry passions and not think ill of you for saying what you, no doubt, thought was just and right."

An analysis of beef tea and urine shows these two to be chemically nearly identical, and now comes Dr. Neale, of London, who recommends the latter as a vehicle for the more disagreeable medicines. He also makes the following claim for it: "As a stimulant and general pick-up, I have frequently seen a glass of a child's or a young girl's urine tossed off with great gusto and apparent benefit." What next?

Pasteur has discovered that the saliva of a fasting person is one of the deadliest of poisons, when introduced directly into the circulation, but though loaded with septic germs, when swallowed they do no harm in the stomach. The hungry man is proverbially ill-natured, but until now we have been unable to account for the fact.

There are none who will breathe a deeper sigh of relief when, on the 30th of June, Guiteau's neck is dislocated, than the readers of medical journals. What with the learned disquisitions on the subject of emotional insanity, responsibility of the insane, and the quarreling of experts (?) the ordeal has been a peculiarly trying one.

Some of our hypercritical exchanges comment on the fact that the American Institute of Heredity, which is now laboring with the question of "prenatal culture," is composed, principally, of old maids.

The *Missouri Valley Medical Journal* is the latest new journal that has reached this table. Monthly, $2.50 per annum; Drs. W. C. Boteler and F. C. Hoyt, editors, and a corps of assistants. It has no ambition "to garner large financial returns, but to fill an evident vacancy in this (the Missouri) valley." Such disinterested devotion to professional interests will, we hope, receive its reward; it always does, either here or hereafter—mostly hereafter. We had rather seen a little more self interest revealed in the salutatory. In this utilitarian age such altruistic claims are apt to be regarded with suspicion. The journal is a good one, and should not be handicapped thus.

A Mr. Powell, of Manchester, England, acting on the theory that the sectional area of an ellipse is less than that of a circle of equal perimeter, proposed the use of lead pipes of elliptical section for water service, as less likely to burst from freezing. Experiments are said to have confirmed this theory. Successive freezings may make the pipe round, but it may, in such case, be squeezed back into its original form.

Dr. O. E. Herrick desires us to state as a reply to over forty letters received by him, inquiring for the strength of the carbolated injection which he recommended in his recent article on the prevention of abortion, that it is a 2 per cent. solution of the pure acid.

Dr. Luigi G. Doane, of 352 West 28th street, New York city, has asked us to announce that graduates of the medical department of the University of Michigan of the class of 1871, will confer a great favor if they will send him their present address.

A gentleman, of Newark, N. J., a town in which there should be good judges of swindlers, says that of all oracles, the weather prophets are the worst cheats. You cannot even believe the contrary of what they say.

Sugar of milk, given in quantity of a quarter to a half ounce in a pint of warm water, or milk and water, fasting in the morning, is said to operate efficiently and agreeably as a laxative.

He gives twice who gives early. This old time saw applies equally in the matter of subscriptions. Let him whom this concerns give heed against the next issue of the NEWS.

Book Notices.

THE INTERNATIONAL ENCYCLOPEDIA. A systematic treatise on the theory and practice of surgery, by authors of various nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Volume I.
New York: William Wood & Co.; Detroit: Thorndike Nourse.

The fact that Messrs. William Wood & Co. had decided to issue this great work was duly announced in these columns, as it was also in most of the medical journals of the country, as well as by circular letters directly from the publishers. The profession has, consequently, been on the *qui vive* for its appearance. The reputation of the publishers was sufficient to secure a large number of subscriptions in advance of the issue of the first volume, but many have deferred their subscriptions until they could examime the book itself. It is to the latter that we would address this notice.

The conception of an International Encyclopædia of Surgery was a grand one, for, notwithstanding the fact that each country has its works of merit, such works are to an extent tinged with national peculiarities. Science is cosmopolitan, and in so far as surgery is a science, it ill befits it to be restricted by any of the conditions which make it possible for us to speak of American surgery, or English surgery, or German or French surgery, etc.

The authors embrace names whom the nationalities from which each is selected delight to honor, and as the work is to appear in several languages it is thus all the more calculated to bring the different peoples, through these different representa-

tives, more nearly together. There is something taking in the idea.

Among the authors who have contributed to the first volume are D. Hayes Agnew, John Ashhurst, Jr., John H. Brinton, Francis Delafield, J. Lewis Smith, Alfred Stillé and W. H. Van Buren, of America, A. Verneuil, of France, S. Stricker, of Austria, and Moulin, of England. This volume is devoted to General Surgery and such subjects as properly come under this head: Inflammation both from the Pathological Histologist and Clinical and Practical Surgeon point of view; Erysipelas and Pyæmia; Hydrophobia and Glanders; Scrofula and Tubercle; Rachitis and Scurvy; Reciprocal effects of Constitutional Conditions and Injuries; General Principles of Surgical Diagnosis; Operative Surgery in General; Plastic and Minor Surgery; Anæsthetics; Shock; Traumatic Delirium and Delirium Tremens; and Amputations. It is sufficient, though scarcely necessary, to say that each of the subjects discussed is brought fully abreast of the times.

The mechanical execution of the book is all that the most critical could desire, the paper, letter press and illustrations (chromo-lithograph and wood cut) being fit samples of modern art. A critical review of a work of this size (the volume before us being one of 706 pages, roal octavo) would be impossible in our limited space. Suffice it to say it is fully up to what the profession have learned to expect of the authors whose names we have given, and that no library which makes any pretension to completeness and to being up with the times, will fail to have the work on its shelves. More than this we need scarcely say in commendation, less we could not say in justice.

A Treatise on Diseases of the Eye. By Henry D. Noyes, A. M., M. D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College; Surgeon to the New York Eye and Ear Infirmary; President of the American Ophthalmological Society, etc.
New York: Wm Wood & Co.. Detroit: Thorndike Nourse.

This volume completes the 1881 series of Wood's Library, completes it in a double sense, filling out the number and being a most appropriate treatise with which to close up one of the best sets of the best books at the lowest price ever offered to the profession. Of the series as a whole it may be truly said that the physician who has neglected to possess himself of it has missed both a great bargain, in a pecuniary sense, and in a professional sense a rare collection.

In this closing volume the writer has, in the matter of space, so as to make the book conform in size to the rest of the set, practiced considerable condensation, in order to give the substance of modern ophthalmic practice. His standpoint is clinical and purpose practical. When the position of the author and his reputation, even among ophthalmologists, is considered, it would be supererogatory to say that the book is eminently first class. Specialists will regret that the volume cannot be purchased outside of the series, and will in many instances buy all that they may secure this.

Illustrations of Dissections, in a series of original colored plates the size of life, representing the dissection of the human body. By George Viner Ellis, Professor of Anatomy in University College, London, and G. H. Ford, Esq. The drawings are from nature by Mr. Ford, from dissections by Professor Ellis. (Reduced on a uniform scale, and reproduced in fac simile, expressly for Wood's Library of Standard Medical Authors.) Vol. I. Second edition.
New York: William Wood & Co. Detroit: Thorndike Nourse.

The volume before us is the January nnmber of Wood's Library for 1882. It was thought when, three years ago, this enterprising publishing firm started this library series, that at the price placed on the year's set the venture would prove so discouraging during the first year as to prevent a second year's trial of it. Certainly only a very liberal support in the way of subscriptions could make the venture profitable at the figures fixed on the books. But each year since the first the books have not only appeared with due regularity, but they have also steadily improved in quality, both mechanical and literary; and if the January volume of the series for 1882 is to stand as an index to the whole set, this series will certainly excel its predecessors. It is but faint praise to term this volume a magnificient work for the money. The plates are all in colors,—chromo-lithographs, and are remarkably true to nature. As an aid to the student of anatomy, it would be difficult to conceive one more valuable. The student who will take this book as his guide in the dissecting room will find his anatomy made easy. We are pleased to note that the support which the profession has given the library has enabled the publishers to reciprocate thus handsomely.

Total Extirpation of the Uterus Through the Vagina. By Christian Fenger, M. D., of Chicago, Ill. Reprint from the American Journal of the Medical Sciences.

Opening and Drainage of Cavities in the Lungs. By Christian Fenger, M. D., and J. H. Hollister, M. D., Chicago, Ill. Ibid.

Transactions of the 28th Annual Meeting of the Medical Society of the State of North Carolina. Thomas F. Wood, M. D., Secretary, Wilmington, N. C.

Soluble Compressed Pellets. By H. Augustus Wilson, M. D., Philadelphia, Pa. A paper read before 1881 meeting of American Medical Association.

Original Articles.

Acute Myelitis and Meningitis—A Clinical Lecture.

BY PROF. HORATIO C. WOOD, JR., M. D., PHILADELPHIA, PA.

The patient A. D., is a man 32 years old. He has always led a life of more or less exposure, in his youth working in a tannery; from the age of twenty to twenty-four years following the sea, and still later being a miner. From three to four years ago, while still employed in the mines, he occasionally had shooting pains in his legs. They first attacked the left leg, and three months later the right. They did

not confine themselves to one spot, but sometimes affected the calf sometimes the hip or thigh, sometimes a joint. He began to lose power in, or control of his legs, the left failing first, and he also had some numbness in both feet. About the same time his sight failed a little, and he became unsteady in walking since. All his symptoms two years ago suddenly became much worse, but he managed to get to Philadelphia, and was admitted to the hospital. He was obliged to go to bed immediately. He tells me that he suffered terribly, he had severe pain in the small of his back, and now and then violent paroxysms of pain in the stomach; cramps frequently attacked his thighs and calves; spontaneous twitchings and jerkings of the legs occurred; the most trifling causes, such as the touch of the bedclothes, or a current of air, would bring on these movements, he could not lift his leg three inches from the bed; his bowels and bladder were both paralysed, and he had the sensation of a cord or band a round his waist. Under treatment he improved, but the amendment was slow. Gradually, however, his attack of pain lessened; the cramps and exaggerated reflex movements subsided. He gained some control of bowels and bladder, and, finally, after some eight months of complete helplessness, he was able to hobble around on crutches. Such is the early history of this case, so far as it can be ascertained; doubtless it is in many respects imperfect. It is likely that the trouble in this man's spinal cord began nearly four years ago, when he first complained of the occasional lancinating pains in the lower extremities. An acute myelitis, or conjoint meningitis and myelitis, superinduced by exposure or want of care, was probably imposed upon an incipient chronic sclerosis. The acute malady subsiding under treatment and time, he has been left with all the symptoms of the chronic in an exaggerated form. Since leaving his bed, however, some of his troubles, particularly those indicating active sensory and reflex disturbance, have improved; others have grown worse. He has less pain, but more anæsthesia; less twitching and jerking of the limbs, but marked loss of response to tests for reflex activity; his disturbances of sight have gradually increased. Eleven years ago, it might be well here to note, he had a chancre, and since has had a sore throat and other secondary symptoms. He indulged freely in venereal pleasure, and drank occasionally to excess. We will next study together his present condition. He has been brought into the chronic room, in a rolling chair, as he is unable to walk, except with crutches. With his eyes firmly fixed on the floor, he can barely manage to stand for about one minute. His legs tremble, and he would fall if he did not sit down. As I hold an object before him he kicks at it vigorously, but with an abrupt, jerky movement, frequently missing the mark, the line of motion described by his foot and leg being quite irregular. I am able to illustrate his ataxia in this way. In other cases, which still retain the power of standing and walking, you have the well-known ataxic gait, as in the two patients that I will now have to pass around the arena. The man has even a sort of ataxic disturbance of speech, which shows itself by a peculiar form of stuttering. You notice also a tremor, when he attempts to speak, in the muscles around the mouth and in the tongue. In answer to my question, he says he still suffers at times with lancinating pains, which are most apt to come on during bad weather. During the past year he has had two violent attacks of pain in the region of the stomach, and he often has shoots of pain in the left side. Testing him with the æsthesiometer, you see that anæsthesia is almost absolute in his feet; it is marked in his legs, but decreases as we ascend the limbs; it is also quite readily demonstrated in the hands and forearms. Examining also the condition of the sensibility by means of a faradic current, using both metallic and moistened theophores, you have further evidence of anæsthesia, both cutaneous and muscular. In passing, it might also be observed that when I apply a moderately strong current to the muscles, they contract well under the electric stimulus, not, however, I think, quite as well as in health, for all parts of the limbs. He complains that he cannot tell where his feet are when he is not looking at them. He no longer has the sensation of a cord or band around the body, but says that he feels nearly all the time as if his belly was being gathered together and drawn upwards. He has another curious disturbance of sensibility, which is sometimes not present, but is oftener overlooked. With my watch in hand, I again prick his foot with one of the sharp compass points, and find I discover that he does not have a perception of pain until two seconds have elapsed. I repeat this experiment several times on both feet, and always with about the same result. It requires half a second to recognize a similar impression made upon the hand. This phenomenon is known as the retardation of the conduction of sensation. It is often quite marked in typical cases of posterior sclerosis, and is usually most noticeable in regard to the sensations of pain. In this case, however, the conduction of touch and temperature are also both retarded. Applying a sponge dipped in hot water and also using ice to his feet, I find that it takes from two to three seconds for him to appreciate the sensation of either heat or cold when the dorsal surfaces are touched, and from three to four seconds when the applications are made to the soles. Phenomena well worthy of study are furnished by this valuable patient in the domain of the special senses as well as in that of common sensation. Dr. E. O. Shakespeare, ophthalmologist to the hospital, has carefully examined his eyes, and from him I have received the following report: After the use of atropia his pupils dilate well but irregularly, the outline of the pupils being oval with somewhat uneven margins. This contour is more marked in the right eye than in the left. Neither iris shows any adhesions. The mediæ are clear in the right eye the out line of the nerve, is sharp and regular, and its

color is a bluish grey. At the centre of the nerve is a physiological depression, deep are wide, at the bottom of which are the laminæ cribrosæ. The arteries are contracted, but straight; the veins are about normal in size. The scleral ring is somewhat marked at the outer side, where is also a crescent of roughened choroidal pigment. The fundus is otherwise healthy; the refraction is normal; the outline of this eye is round; that of the left is oval, with its long axis vertical; the outline of the left optic nerve is sharp; its color is of a bluish-gray; the vessels are in about the same condition as the other eye. In brief, you have here a case of well marked blue atrophy of both optic nerves. His field of vision shows marked concentric diminution in the left eye, and at the same time limitation, but not nearly to the same extent in the right; he is color-blind for green, having lost entirely the perception of this color; his field for red is strikingly diminshed, and that for blue is also narrowed, but not so much. Dr. Shakespeare and I have carefully determined his fields, both for form and color, and diagrams showing these I will pass around the class. The trophy of the optic nerve, and the diminution of vision and color-blindness, are phenomena which go together in the study of this case. The latter are probably dependent upon the amount of atrophy, although color-blindness, as shown by Delbreuf and others, is not always due to wasting of the elements for perceiving different colors. Why the optic nerve should be attacked so early in cases of posterior sclerosis, it is difficult to say; but a process of degeneration similar to that which takes place in the cord, seems to begin at the periphery of the nerve and advance inwards coincident with, or, possibly, anter or to the assaults upon the spinal columns. Hearing is slightly defective in both ears; taste and smell are normal.

As reflex disturbances, the result of organic disease of the spianl cord, have of late been attracting much attention, let us next examine into these phenomena. This man, during the greater portion of the eight months that he was confined to bed, had symptoms which indicated marked exaggeration of reflex excitability. Slight irritation, merely touching the skin, for instance, caused twitchings and jerkings of his limbs; and sometimes violent movements would occur apparently without cause. Probably these manifestations were due to the acute congestive or inflammatory condition of the cord, from which I have supposed the patient was at this time suffering. Both grey horns and white columns were most likely implicated in this acute attack, and it is well established that augmented excitability of the spinal grey matter will produce exaggerated reflex actions. Besides springing from irritative states of the spinal cord, these may also result from a separation of the brain from the reflex apparatus of the cord, such as occurs in transverse myelitis, spinal tumors aud the like. Experiments in the laboratory and experiments of disease have time and again shown that the brain exerts a powerful inhibitory or restricting influence over lower centres, and this restraint being removed by disease or injury the reflex centres of the cord are left to follow their own will, or, rather, want of will. Here, for instance, is a case of a focal, transverse myelitis. The symptoms indicate a profound, but circumscribed destruction of the cord. The patient is certainly not, at present, suffering from acute myelitis. He has for months been able to sit up and go about the ward in his rolling-chair. The slightest tap on the ligament of the patella, causes a sudden and violent extension of the foot and leg; several taps, repeated one after the other, set up a continuous backward and forward vibratory movement of the limb. What is called ankle or foot clonus, is also well developed, better than in any other case at present under my charge, or, indeed, than in any which I have ever seen. Abruptly bending the foot upwards by placing the hand under the fore part of the sole, a tremor is observed in the foot or leg, and when the pressure is removed, the motion increases and continues, the foot and leg being tossed about in an irregular, convulsive manner for a minute or two; you have a form of the spinal epilepsy of Brown Séquard.

The phenomenon so beautifully shown by this crse, is, I think, due to the cutting off of the cerebral inhibitory action from the intact grey matter below the seat of lesion. Returning, however, to our case, you will find a very different state of affairs from that which I have just been discussing and illustrating. Striking the ligamentum patellæ blow after blow, and rapidly bringing the foot into dorsal flexion, I can get no response whatever. The tendon reflexes are abolished. This is the condition usually found in advanced cases of sclerosis of the posterior columns. It would appear, however, not to be invariably present; but the cases in which it is absent, have shown, in my experience, other characteristics which serve to separate them to some extent from the ordinary examples of locomotor ataxia. I will have brought in at this point another patient to illustrate the facts to which I am alluding. This man is about thirty years of age, and is an extreme instance of ataxia of both of the legs and arms; his movements exhibit even more want of co-ordination than those of the subject of my lecture. Marked anæsthesia and analgesia are present; and his eyes show the conditions so often found in posterior sclerosis, and of which I have treated, namely, optic atrophy. Marked diminution in the sharpness of vision, and great limitation of the fields, both for form and color. The patellar reflex can be readily elicited in this case; it even seems to be slightly exaggerated in the right leg. Note also that the lancinating pains have been from the first entirely wanting.

Charcot holds that these well-known pains are only present when the external bands of the posterior columns are affected by the sclerosis, and it may be that the tendon reflex is only completely abolished when this same region is largely implicated. The right knee joint of this patient seems to be

somewhat looser, more mobile than it should be; the man has never, however, suffered from any acute articular symptoms, and has had no luxations or sub-luxations, such as sometimes occur in the course of locomotor-ataxia. He is much troubled with his water. He often has considerable difficulty in micturition; the urine nearly always flows from him very slowly, sometimes stopping suddenly, and then beginning again; sometimes only passing drop by drop. He never has a natural and easy evacuation of the bladder, and he suffers occasionally from partial retention, requiring the use of the catheter. He has several times had symptoms of incipient cystitis, of which he has been relieved by prompt treatment. His sexual powers appear to be retained, but his inclination in this direction are not as strong as they were once, if we can rely on his own statements. I will not stop to make any lengthy general remarks upon the disease of which the patient furnishes so excellent an illustration. With our present ideas of the symptomatology and pathology of diseases of the spinal cord, the diagnosis of sclerosis of the posterior columns must, of course, be given. The case is almost typical, corresponding more closely to the picture of the affection given in the books, than many of the cases you will meet with in your practice. It is of cardinal importance for the student and young physician to remember that the cases of systematic sclerosis that come to them for diagnosis and treatment cannot always be forced into the exact mould of the text-books. While the lesions may chiefly attack certain columns—posterior, anterior, or lateral—the pathological condition not infrequently extend irregularly to adjacent regions, giving rise to transition forms and a complicated symptomatology. The interesting symptom from which this patient has at times suffered is not uniformly present. I refer to the gastric crises, the severe paroxysms of pain in the region of the stomach. The ataxic disturbance of speech manifested by this man has been particularly studied by Friedrich, who, I think, has established the fact, denied by some, that it is a true ataxic disorder. Often facial and oral movements cannot be properly coordinated when muscular power undoubtedly remains. In regard to the retardation of the transmission of sensation, when the practically instantaneous charcter of normal sensory conduction is remembered, the facts brought out in the examination of this patient are quite remarkable. Those of you familiar with this subject may, however, call to some wonderful cases in which even minutes have elapsed between the application of a stimulus and the appreciation of the sensation which it evokes. As the patient had worshipped at the shrines both of Bacchus and Venus, as he had syphilis and had led a life of exposure you can have your choice out of four of the causes often assigned for locomotor ataxia.

The prognosis, it is unnecessary to say, perhaps, is not good. Nearly all the usual methods of treatment have at different times been resorted to in the case, and to these, in conclusion, I will now refer. If you have a clear history of syphilis, or if you have evidences of some conjoint meningitis, the iodide of potassium in large doses, and the mercurial preparations will be found of value. I have several times used mercurial inunction with apparent benefit. Generally, however, I employ the old combination of corrosive sublimate with the iodide of potassium. Once in a very long while, a brilliant result will be achieved. Early in the disease and in stages of excitement, ergot and the bromides are of undoubted value. I have recently been resorting to ergot hypodermically, using an excellent concentrated fluid extract, each minim of which contains two grains, prepared by Mr. Davidson at the establishment of Benjamin Rixperger, of 911 Walnut St. Philadelphia. Superficial cauterizations, repeated twice or three times a week at different points along the spine, sometimes seem to do good, but they are not as efficacious here as in some other spinal disorders. On the whole taking the case at the stage at which they usually present themselves for treatment at hospitals and dispensaries, I have had the most success from the use of the galvanic current and the salts of silver, conjoined with as much rest as it is possible to enforce. In making use of galvanism, large sponge rheophores are applied in such a way as to include the entire portion of the cord supposed to be diseased, and as strong a current as the patient can bear is applied from five to ten minutes daily, or every other day. In general, I use by preference an ascending current, although experience has not furnished me with any very certain data in regard to the direction of current. The treatment should be continued for months, and great attention should be paid at the same time to the patient's general condition, cautioning him against over-fatigue and abuses, insisting upon as much rest as possible, and ordering nourishing food and cod liver oil to keep up the nutrition. Even if cures are not effected, you will sometimes obtain astonishing improvement from the treatment. Remak, Meyer and others claim to have accomplished cures by electrical treatment. The nitrate of silver continues to hold its place as the first of medical remedies in the treatment of tabes. I usually give it in doses of from one-sixth to one-half a grain three times a day, its use being discontinued after three or four weeks for fear of argyrie, and resumed again later. I commonly I prescribe it in pill form with some vegetable bitter, as the extract of gentian. It can sometimes be advantageously combined with opium in small amounts. The oxide of siver may be substituted for the nitrate. Hydropathic treatment, strongly recommended by some German authorities, is worthy of trial. Sulphur baths are highly lauded by some. The Prussian oil of phosphorus often acts well when it is necessary for a time to stop the use of the silver salts. Symptoms are to be met. The pains are best relieved by hypodermic injections of morphia and the application, of galvanism to the spinal

column and spinal nerves. Irritability of the bladder can be treated by a prescription containing bicarbonate of sodium, sweet spirits of nitre, and tincture of belladonna; salicylic and benzoic acids have both been recommended for vesical catarrh. Faradization is most useful for the anæsthesia and paresis. Under the influence of special exciting causes, such as fatigue, exposure, alcoholic or other excesses, and sometimes without any apparent reason, patients suffering from sclerosis of the posterior columns, or indeed, from any form of spinal, cerebral, or cerebro-spinal sclerosis, are liable to peculiar attacks such as that from which our patient suffers, in which all their symptoms become suddenly worse. Pains of frightful severity—in cases of posterior sclerosis—shoot through their limbs; anæsthesia and inco-ordination are greatly increased; some of the joints may show signs of acute infiammatory trouble, in short, all the old symptoms are exaggerated and new ones, such as hyperæsthesia and augmented reflex are sometimes added. These excerbations are probably due to acute congestive states, which arise in a cord constantly irritated by a chronic sclerotic process; sometimes they subside of themselves, but they should be promptly combatted, as, if not treated they may lead to an acute general myelitis. The patient should be put to bed and complete rest and quietude enjoined; dry cups should be applied to the spine, and if these are not quickly efficacious, wet cups should be used; at the same time ergot and bromide of potassium should be given.

Malignant Disease with Ocular Involvement Following a Remote Injury to the Head.

BY M. A. HUGHES, M. D., PORT CLINTON, OHIO.

The following case may prove of interest to the many readers of your excellent journal:

In November, 1861, C. H. A. enlisted in the U. S. Navy, and was assigned to duty on board the steamship "Quaker City." In an engagement in the fall of 1862, off the coast of South Carolina, while boarding a rebel vessel he received a wound from a sabre or cutlass, about 1½ inches above and back of right ear, lacerating the scalp, and producing an undepressed fracture, which rendered him unfit for duty only for a short time. Subsequent to the engagement mentioned, he was transferred to the steamer "Sumpter," where he acted as master's mate for a short time, and in May, 1863, he was pronounced by medical survey unfit for active duty, and was discharged on account of chronic diarrhœa and periodical attacks of violent cephalalgia. The sight of the left eye began to fail previous to his discharge from the U. S. Navy. In the early part of August, 1875, he consulted Dr. J. H. Curry, an oculist of Toledo, Ohio. Dr. C. states that his left eye was affected with an inflammatory glaucoma, and the optic nerve and retina were so impaired as to reduce vision to perception of light. The media were clear, and there was no difficulty of seeing the fundus. The optic nerve showed the characteristic glaucomatous cup well marked, and, in my opinion, had been there for some time. During the month of August, 1875, I did an iridectomy, hoping thereby to check the glaucomatous process, allay inflammation and pain, and prevent degeneration. Little hope was entertained of any improvement of the vision. The operation resulted favorably, and the blind eye remained quiet for about one year. In the fall of 1876, I again saw the gentleman and found a growth, which I believe was melanotic on, the inside of the eyeball, and springing from the ciliary body, also two small growths from the region of the union of the cornea. To relieve him of the diseased eyeball, prevent sympathetic disease in the other one, and to reduce the probability of systemic infection, I enucleated the diseased eyeball Nov. 11, 1876.

For a number of years the gentleman was foreman of a large lumber yard at this place, and showed no evidence of failing mental powers, until June last, when he was taken with another attack of chronic diarrhœa, accompanied by nausea and vomiting and headache of a violent and persistent nature, with gradual emaciation of the body, and general failure of powers of life. About four weeks previous to death he lost the sight of the right eye. The patient succumbed to the effects of the disease on the evening of January 1st, 1882.

A post-mortem examination was held by Dr. Hitchcock and myself, eighteen hours after death, the head and contents of cranial cavity only being inspected, which showed the following: After removing the scalp, a tumor one and one-half inches in length, three-fourths of an inch in width, and one-third of an inch in thickness, was found growing upon the external table of the skull, at the site of the original injury. It (the tumor) was of a fibrous nature, and was very firmly adherent. Upon removing the calvarium, evidence of chronic pachymeningitis having existed, was well marked. The external dura mater was found to be very much thickened and indurated, and ecchymosis to the extent of about two inches in diameter was also present.

There were three small tumors growing from the outer surface of the above named membrane, the largest of which was two-thirds of an inch in length, and one-half an inch in diameter, and pressing firmly on the brain.

The posterior lobe of right hemisphere of the cerebrum was found entirely softened and degenererated, the gray and white matter not being distinguishable. The inner table of the skull in the region before mentioned showed evidence of an undepressed fracture having existed, the result of the blow he had received, and necrosis of the bone were well marked.

A homeopathic physician who attended the patient for some weeks prior to death, attributed the symptoms to "typhoid fever and derangement of the liver," and, undoubtedly, brought to bear his "similia similibus curantur" theory for the cure of the patient.

This case is of interest in view of the length of time that had existed from the receipt of the injury, viz.: nineteen years, as well as from the fact that the intellect remained clear to within a short time prior to death.

[Translated by Gen. C. B. Comstock, U. S. Engineers, from Comptes Rendus, Nov. 14, 1881, at request of Henry F. Lyster, M. D., Detroit.]

On the Limit within which Anæsthetic Agents can be Controlled, and on a New Method of Using Chloroform.

BY PROF. P. BERT, PARIS, FRANCE.

When vapors or gases possessed of anæsthetic properties are added to air, and an animal is made to inhale these successive mixtures, a moment comes when anæsthesia appears. If the proportion of the toxic substance be increased, the animal at last dies. I call manageable zone the interval between the anæsthetic and the fatal dose.

Determining with care the extent of this manageable zone with various anæsthetics (chloroform, ether, amyl, bromide of ethyl, chloride of methyl), and with various animals, dog, mouse, and sparrow, I then reached the singular result, that in all cases the fatal dose is precisely double the anæsthetic dose. The following table gives the results of numerous experiments, which have enabled me to establish the general fact:

	DOG.			MOUSE.			SPARROW.		
	Anæsthesia.	Died.	Ratio.	Anæsthesia.	Died.	Ratio.	Anæsthesia.	Died.	Ratio.
Chloroform	9	19	2.1	6	12	2	9	18	2
Bromide of Ethyl	22	45	2	7.5		2	15	30	2
Amyl	30	55	1.8	15	30	2	30	60	2
Ether	37	74	2	12	25	2	18	40	2.1
Chloride of Methyl	21%	42%	2	12%	22%	1.8	12%	24%	2

For the four first substances, the figures give the number of grammes of anæsthetic liquid added to 100 litres of air, then vaporized; for the chloride of methyl, percentages are given of the gaseous mixture.

Without entering upon experimental details, I will say that I made the animals breathe in closed vessels, containing the mixture in advance, the capacity being great enough to avoid complications from asphyxia. The use of potash to absorb the carbonic acid should be absolutely rejected, at least, for experiments with chloroform, which it decomposes rapidly; from neglecting this fact, some experimenters have been entirely deceived as to the proportion of chloroform in the air.

When an animal is made to breathe a mixture corresponding to the middle of the manageable zone, it is very rapidly affected, and remains during the whole time of the experiment (some have lasted two hours), perfectly tranquil, without any agitation whatever, and without its being necessary to take any trouble, or pay any attention to it; the contrast is very striking with the results of the usual method by compress, sponge, etc., and this is easily understood.

In fact, in those processes the animal breathes alternately, according to the amount of fluid in the compress, and its distance from the respiratory orifices; a mixture of air and anæsthetic, inferior to the active dose—comprised within the manageable zone—or equal, or ever superior to the fatal dose. In this last case the imminence of an accident leads one to remove hastily the compress so that respiration reduces at once the strength of the mixture already in the lungs; but experience has shown that a fatal termination is not always averted by the removal.

The manageable zone is in fact singularly narrow, and a few drops of the liquid may change the mixture breathed from an active to a fatal dose.

This is especially true of chloroform. Eight grammes vaporized in 100 liters of air will not put a dog to to sleep, but 20 grammes will kill him; the difference is 12 grammes. Ether, while having the same force as to proportion, since it is from single to double, presents infinitely less danger since between the active and fatal dose there is a difference of about 40 grammes. That is, without doubt, the cause of the relative innocence of ether, which has been proved in surgical practice.

When the history of rather long operations is read, it is seen that surgeons do not fail to give the amount of chloroform employed, that is to say, poured on the compress, without considering that lost exteriorly, and considering only that which enters the lungs of the patient; such records are of no kind of value. I have made a dog breathe an extraordinary quantity of chloroform, the proportion not exceeding 5 to 6 grammes (to 100 litres of air.) On the other hand, using 30 grammes, a very small quantity, was sufficient to kill him rapidly.

In other words, chloroform does not act by its quantity, but by its proportion in the air breathed. One would willingly believe the contrary, on account of the chemical combinations it forms in the organism, and which are shown among other ways, by the accidents which follow its use. But it is not so; for vapors of anæsthetics, as for gases simply soluble, especially for protoxide of nitrogen, the action depends on the proportion in the air inspired, which regulates the proportion existing in the blood and tissues.

The protoxide of nitrogen has a wider manageable zone than the carbides and chlorcarbides of hydrogen. For the latter it is as 1 to 2; for the former as 1 to 3, as experiments under pressure have shown.

Starting from the principle and seeking no longer to produce anæsthesia by introducing the quantity, but by introducing the proper proportion, we can give to all anæsthetics the safety of protoxide of nitrogen under pressure.

It is sufficient to make the patient breathe no longer with compresses and complicated apparatus with which surgeons and constructors have busied

themselves, misled by the principle of quantity; but simply with a tube and a small mask, a properly proportioned mixture of air and anæsthetic.

No attention need be paid to pulse or respiration; the temperature scarcely varies. But the inconveniences inherent in the substances themselves are not thus avoided, the agitation at the beginning and the discomfort and vomiting which follow; under all these relations the protoxide of nitrogen retains all its superiority.

The use of proportioned mixtures was made in my laboratory some two years ago by two of my pupils, Jolet and Baudelocque, and the latter recognized it in a thesis in 1875. M. Brehant had preceded them in this path, and Snow in England, Lallemand, Perrin, and Duroy in France, had given some information on the subject.

I believe the new researches on the manageable zone should lead surgeons to try on man the application of this method. The instruments will be very simple. and a zinc reservoir of 500 or 300 litres will suffice. The delicate point will be the determination of the lowest dose. The experiments just given afford no information on this point. In fact the doses vary much from the dog to the mouse and the sparrow, always less for the mouse than the dog, they are sometimes stronger for the sparrow than the mouse, and sometimes even for chloroform and amyl they are equal for the little bird and the large mammal.

It may be said, enpassant, that the size of the dog has no effect. But all this leaves the subject intact for surgeons.

In closing I will say that during the experiment the proportions undergo little change. In an experiment with fifteen grammes of chloroform, a dog weighing six kilogrammes consumed in the first quarter of an hour two of chloroform or 1.4 grammes of vapor; in the five following quarters of an hour he consumed but four. The inter-organic combinations of chloroform absorb them but little, and no appreciable quantity passes in the urine. These facts explain the small importance of the quantity employed and the importance of the ratio in the mixture

[The point of this article, viz., the claim that, in the inferior animals experimented on, double the quantity required to induce anæsthesia is a fatal dose, if corroborated by experiments on man, will constitute an important discovery in medicine. When, however, it is remembered that anæsthetics prove fatal, except in rare cases of idiosyncrasy, by invading the medulla oblongata, having previously suspended the functions of the cerebrum and cerebellum, it will be difficult to get the practical surgeon to entirely disregard tne symptoms furnished by the pulse and respiration.—Ed. News.]

A Peculiar Quinine Idiosyncrasy.

BY C. F. GILLIAM, M. D., NELSONVILLE, OHIO.

The following case of idiosyncrasy with regard to quinine, I thought might be of interest to some of your readers: I was called about a year since to see Frank P., a robust boy about 15 years of age, who had an attack of intermittent fever. I prescribed quinine sulph. in three or four grain doses. In a few hours I was called again hurriedly, and found patient with intense congestion of the conjunctivæ, œdema of face and limbs, and a bright erythematous eruption of the whole surface of the body, and complaining of a terrible burning and itching that was almost unbearable. He insisted that it was the quinine I had given him which produced this effect. He said he had felt it coming on in a few minutes after taking the quinine, and that in two hours he was in the condition I have described. I prescribed a solution of acetate of lead and carbolized glycerine to be used alternately as local applications and an anodyne internally. This treatment gave almost immediate relief and the eruption disappeared almost entirely in about twelve hours. I was not convinced of this effect being due to quinine, and twice since have given him quinine with exactly similar results, leaving no doubt in my mind as to the drug being the cause. I may add, however, that I have given him quinia combined with about an equal amount of Dover's Powder with the effect of producing only a slight reddening of the conjunctivæ and flushing of the face. I have never seen any reference in our literature in regard to quinine producing these effects, excepting a few lines in Wood's Materia Medica calling attention to some similar cases reported in the *British Medical Journal* in 1869. Perhaps this may remind some others of similar experiences in their own practice which they were unable to account for at the time.

What to do in Intestinal Stoppage.—Propylamine in Rheumatism.

BY C. H. SANBORN, M. D., HAMPTON FALLS, N. H.

Will some physician tell your readers what to do in the so-called stoppages of the bowels ? I don't mean in cases of peritonitis or intussusception, but the common cases of sudden stoppage of the usual action of the bowels and stomach. What shall be done to relieve at once the severe pain and vomiting? I know such cases differ in origin and history but the symptoms are alike whether the case be caused by getting cold, by exhaustion, by rheumatism, by gross error of diet, etc., etc.

What the patient wants is certain and prompt relief from the intolerable pain and the terrible vomiting. For twenty-five years I have seen almost everything tried. In a few cases the relief has been prompt but generally it has not been. I have held consultations with many skilful physicians but with very little satisfaction. Cathartics and opiates, injections and chloroform have all failed.

Two years ago I had a case; staid all night with patient, used morphine, chloroform, aconite, etc., patient growing worse. I went home and in despair consulted *Hughes' Therapeutics*; found *opium and plumbum* recommended; I had no *plumbum* but I took

1-10 of a grain of sugar of lead and put it into an ounce or cold water. I also took five drops of the *third dilution of opium* (about the same in quantity as one drop of laudanum in one million drops of alcohol) and put them into another ounce of cold water. With these two medicines in my pocket I went back to patient. He had apparently grown worse during my three hours absence, his vomiting being almost constant and the paroxysms of pain terribly severe.

I gave at once a teaspoonful of the *opium* (5 drops of third dilution to an ounce of water) mixture and in half an hour another teaspoonful of the *sugar of lead* mixture. This was at 8 A. M., result; patient vomited once only after the first dose and in half an hour he was nearly free from pain and at 10 o'clock he was free from pain altogether. I continued the two remedies in alternation through day and the next day patient said he was well. Since then I have used these two remedies in five similar cases with like result. Will some physician tell your readers of a certain and prompt remedy?

[Our correspondent herein manifests an evident leaning towards homœopathy. We would suggest the possibility of a confusion of the *post hoc* with the *propter hoc* in these cases.]

Why don't all physicians use propylamin in rheumatic fever, and cure the patient in 3 or 4 days?

I began its use in 1862, and have now used it every year since, and it has never failed to cure in less than a week, and often in two days. I mean to say that the pain, soreness, and high temperature are removed in that time. In some cases there will be stiffness of joints for a week longer, and often it takes a week or two to bring up the strength to normal condition. Much less heart disease is developed. Why don't physicians use it?

Selections.

On the Treatment of Wounds of the Bladder.—In an original memoir (*Revue de Chir.*, Nos. 6 and 7, 1881) on penetrating intraperitoneal wounds of the bladder, Professor E. Vincent, of Lyons, states that the operation of laparotomy is the only suitable treatment for such injuries when followed by an abundant effusion of urine into the peritoneal cavity. This treatment alone permits—1. Direct inspection of the seat of injury; 2. The determining of the presence and of the nature, if they are present, of complications; 3. Removal from the abdomen of effused blood and urine; 4. Cleansing and disinfection of the peritoneal cavity; and, finally, the prevention of further effusion of urine by applying sutures to the wound through the coats of the bladder. This plan of treatment is rendered justifiable by association with the antiseptic method, and also by the success of laparotomy in abdominal surgery. Moreover, in cases of penetrating wounds of the bladder, death is an almost certain result if nothing be done, and even if any treatment short of laparotomy be applied. From an analysis of three reported cases in which wounds of the bladder have been thus treated (Walter, of Pittsburgh, Heath, Willett), and also from the results of numerous experiments on dogs, Dr. Vincent has drawn the conclusions that it is of great importance in instances of this injury to have recourse to laparotomy as early as possible, and that in this plan of treatment particular care must be taken in applying the sutures to the vesical wound. His experimental researches have demonstrated, it is stated, that intraperitoneal wounds of the bladder are capable of healing by primary intention if securely closed by suture, and that this union is accomplished very rapidly by all the coats of the bladder, except by the epithelial layer of the mucous coat. The outer layer of this coat and the muscular coat join together very quickly, yet with less readiness that the peritoneal coat, the proliferation of which commences almost immediately after coaptation. The sutures are applied very closely together, and in a double set. In one set—the sero-muscular—each suture is passed through the peritoneal and muscular coats of the bladder on each side of the wound, in the other set—the sero-serous—the peritoneum only is traversed, a considerable width of this coat being included on both sides, so that when these sutures are tied wide serous surfaces are brought together in close contact. The mucous membrane of the wounded bladder is not included in any of the sutures. Dr. Vincent concludes from his experiments on dogs that by this plan the wound may be securely closed, and that sutures thus applied will resist vesical tenesmus, and any effort of active contraction or of passive expansion that may be subsequently made by the bladder. There need not he states, be any fear of subsequent perforation of vesical wall, through formation of fistulæ along the track of the sutures or in the intervals, or of any ulterior deposition of lithates around sutures shed into the cavity of the bladder. The sutures, being intraparietal, remain at or near the outer surface of the organ. In cystorrhaphy the author prefers a suture of silver wire or of silk to one of catgut. The last material breaks too readily, and is likely to melt away too quickly. Before closing the abdominal wound, it is thought necessary to test the security of the vesical suturing by injecting some colored and indifferent fluid into the bladder. From a series of experiments on dogs, Dr. Vincent has made out that gun-shot wounds also of the bladder heal by immediate union after application of sutures according to the above described method, unless the deflagration of the powder, or the heat of the projectile, have destroyed the vitality of the tissues at the edges of the wound, and rendered local gangrene inevitable. In such cases, the burnt lips of the perforation should be removed, and adjacent portions of the vesical walls also excised, until the tissues are seen to bleed on section. Dr. Vincent states that, in his experiments on dogs, he has now proved that, as a rule, immediate union results from the immediate application of sutures in the intraperitoneal wounds of the bladder by laceration, and through the action of cutting instruments and fire-arms. In such cases, laparotomy, with suturing of the bladder and removal of blood and urine from the abdominal cavity, is likely to prove successful on the dog, when performed within eight hours and a half after the receipt of injury; but in Dr. Vincent's hands, always failed after an interval of twenty-four hours, the animals having succumbed to urinary poisoning. In conclusion, Dr. Vincent,

impressed by the success of his experimental investigations on early laparotomy and stitching of vesical wound, argues in favor of suprapubic over perineal lithotomy, and asks why the former operation, which affords free and ready access, is exempt from the danger of wounding important vessels, and is less likely to result in phlebitis and septic poisoning, is not more frequently practised.

Campbell on the Value of Quinine in Obstetrics and Gynæcology.—Dr. Campbell concludes an exhaustive paper (*Amer. Gynæcol. Trans.*, 1881) with the following remarks: An exalted reflex excitability of the cerebro-spinal centres, as well as general plethora, may be recognized as a characteristic condition of the pregnant woman from the date of conception to the completion of involution. This provisionally increased development and polarity, intended for fœtal and uterine growth, renders the woman during its continuance eminently liable to become the subject of various morbid reflex actions, more or less peculiar to her condition. These reflexes are of two perfectly distinct and dissimilar kinds, differing widely as they may happen to occur, before or after parturition. During the entire period of pregnancy, and until after labor, the reflexes are of an excito-motor character, restricted to the muscular apparatus of the uterus and of general volition. They are apyrexic and non-inflammatory. Their paroxysms threaten premature expulsion of the fœtus in pregnancy, and eclamptic convulsions in labor. After parturition, the the reflexes are of an excito-secretory character. They are propagated through the ganglionic or vaso-motor nerves, to the blood-vessels and capillaries of the pelvic organs and tissues of the general system. They are marked by fever, congestion and inflammation, with their products and consequences. Septic fever and peritonitis, with arrest of involution and mammary abscess, are their not uncommon results. Quinine, by its contractile action on the capillaries of the cerebro-spinal centres, exsanguinates their nervous structure, and more than any known agent depresses the reflex excitability from which the varied morbid phenomena of both pregnancy and child-bed originate. Quinine, except in cases of idiosyncrasy, or from injudicious administration of the agent, exercises no influence whatever to superinduce premature expulsion of the fœtus. Moderate cinchonism, adjusted to the type and approach of the paroxysmal neuroses which endanger the welfare of the fœtus during pregnancy, is one of our most efficient resources in many cases of threatened abortion and of premature labor. During parturition, it may give steadiness to irregular uterine contractions; and, continued during labor, cinchonism is in a most valuable degree prophylactic against threatened eclampsia. The reflexes of childbed, pertaining as they do, primarily and principally, to the recently evacuated uterus—well likened to an organ in a traumatic condition—opportune and ready for the awakening of fever and inflammation are of the gravest character, frequently tending to disorganization and death, or else to permanent and irreparable injury. These reflexes constitute a dreaded class of diseases, most commonly called 'puerperal,' which, by universal consent must be prevented rather than trusted to efforts, often unavailing, for their cure. To this end the most valuable and reliable prophylactic method will be found to consist in the daily administration of quinine, to the degree of moderate cinchonism, from the day of parturition, to be continued daily until normal involution is safely secured. By the observance of this routine, as a rule, it is believed that the occurrence of puerperal diseases will be largely prevented, and that the rate of child-bed mortality will be greatly diminished. Cinchonism, in its quality of preventing and controlling inflammation, whether traumatic or idiopathic, and of suppressing suppuration, all of which is due to its power over reflex excitability of the cord, and its action on the capillaries, has a claim to antiseptic value superior to Listerism, and is less to be dispensed with than carbolic acid, or any of the means and appliances of the recognized antiseptic method, In general surgery, and especially in uterine surgery, as well as after parturition, the combination of carbolised irrigations and applications to diminish peripheral excitability, with persistent cinchonism to depress centric excitability, should constitute hereafter an antiseptic method more trustworthy, generally practicable, and less to be dispensed with than the most faithful observance of the complex Listerian process. [While bearing willing testimony to the value of quinine in lessening the mortality, and more especially the morbility during the lying-in state, the reporter regards Listerian precautions as being at least equal in prophylactic and therapeutic power to cinchonism. In the British Lying-in Hospital the two, Listerism and cinchonism, go together, and are regarded as twin sisters, the one being the complement of the other. In fact, the reporter looks upon cinchonism, by its power of contracting the uterus, as an integral part of the true antiseptic method.—*Rep.*]—*London Medical Record.*

Treatment of Purulent Endometritis with Ulceration of the Cervix.—Dr. Chéron remarks that patients suffering from a purulent discharge, the result of endometritis, with or without ulceration, are frequently unable to bear injections of such substances as coal-tar, which are particularly apt to dry the secretion. In such cases Dr. Chéron finds it useful to employ the following solution of tannic acid in glycerine:

Tannic acid.....	60 grams.
Sydenham's laudanum.....	10 "
Neutral glycerin.....	350 "

Dissolve the tannic acid in the glycerin by means of heat, without using water, then filter and add the laudanum, viz., one or two dessert-spoonfuls to be added to a litre of warm water; injections to be made morning and evening. The effect of the injections is to cause a rapid diminution of the purulent secretion. The pruritis and irritation of the external parts disappear, whilst the sensations of weight and pain are less felt after a few days. If there be no ulceration, the dose of laudanum may be increased to twenty, or even to thirty, grams, without inconvenience.—*Le Progrès Medical.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

A Danger of the Hour.

It has been argued that crime has certain laws which govern its appearance and its disappearance in communities,—that like certain epidemics it comes and goes; that there is a certain periodicity in its appearance and certain points of similarity between the waves in which it at different times sweeps over communities, all of which indicate a law governing its movements. While we are not prepared to endorse this view we cannot but admit that there have been facts in the occurrence of the crime of abortion in this community which might be adduced in support of the affirmative of the proposition. Whether or not the crime has prevailed more largely at one time than another it cannot be denied that seasons have recurred, with greater or less regularity, in which public attention has been particularly directed to it. The present is one of such seasons in this city. Whether or not more abortions have been induced during the past three years, the fact remains that the crime has probably been more frequently uncovered during that period than during any other of like length in the history of this community. Doubtless the finding of the bodies of several women who had died from the effects of abortion, and which had been bagged and weighted and thrown into our river, has had much to do in calling public attention to the prevalence of the crime of ridding the womb of its unwelcome, legitimate or illegitimate, contents, during the time indicated. But whatsoever the cause of this increased attention it has revealed the fact that the abortionist is plying his nefarious calling with frightful activity in our midst, and it is high time for the consideration of measures looking towards his suppression. Such measures must be two-fold in their nature; they must be prophylactic and curative. The prophylaxis can consist only either in the inculcation of proper views regarding the sanctity of ante-natal life—the inculcation of the fact that in the eyes of all law there is no distinction in the turpitude of the crimes of the destruction of ante-natal and post-natal life—or in the dissemination of instruction covering safe and efficient means of preventing conception. Curative measures can consist only in making the induction of abortion a capital crime, and in holding every one who knows of the commission of the crime, but who keeps the knowledge from the authorities, as a *particeps criminis*.

We have had occasion heretofore to refer to one of the means indicated by way of prophylaxis, viz., the prevention of conception, and several correspondents have been permitted to express their views on the question in these columns. With our views on the question, it is presumed our readers are familiar, and, notwithstanding the cogency of the arguments which have been adduced in their support, we must still set our face against the "appurtenances of the brothel." If the "suffering wife" cannot, or will not put off "the ardent husband" "to stated times and seasons," or if succeeding in thus regulating their marital relations, she still conceives, all we can do for her is to pity her; the unwilling burden of maternity is but one more of the many which are inevitable in this "vale of tears." We do not purpose, however, further discussing this aspect of the question at this time, but desire to say a few words on the measures which we have suggested as curative of the monstrous crime of the destruction of fœtal life. As our law bearing on this crime now stands, the convicted abortionist can at most be committed to penal servitude for but a limited number of years, while such is the condition of public opinion that conviction on a charge of this nature is one of the rarest of occurrences. Notwithstanding the fact that numerous persons have been charged with having induced abortion in this city within the past five years, (and some of them have been unquestionably guilty) there has not been a single conviction under such charge during that time. The law is sufficiently explicit, but such is the status of public sentiment that the lawyers for the defense have found little difficulty in creating a "reasonable doubt" as to the guilt of the accused. And herein lies the great responsibility of the medical profession in this matter. In the majority of instances the accused have escaped conviction through the reasonable doubt raised by expert medical testimony. In the case of an unquestionable abortion induced by a notorious abortionist, and from the consequences of which the woman died, so great was the variety of the conceptions among those who conducted the post-mortem examination, as to the *corpus luteum*, that the jury declined to say that it was the *corpus luteum* of pregnancy, although the direct and circumstantial evidence combined in pointing to the prisoner as to the guilty man. In this case the difference of opinion among the medical experts allowed one whose hands were red, and have since become redder still, with the blood of innocence, to walk forth a free man. And this is not the only instance in which justice has been cheated through the confusion which the astute lawyer has created out of expert (?) testimony. We write it advisedly when we say that there has not been a post-mortem examination performed in this city within the past

ten years with a view to determining whether an abortion had been induced, which was conducted sufficiently scientifically to meet the requirements of the law. These post-mortems have invariably been made in a slip-shod manner, and the testimony based thereon has reflected but little credit on the profession of medicine.

The law requires the statements from the witness stand to be positive when such statements are to determine the guilt or innocence of a person charged with a serious offence. This positiveness, we have noticed, has been singularly wanting in the testimony of those witnesses who have been summoned for the prosecution in the cases which have of late excited so much public as well as professional interest, and the cause of this lack has been the general macroscopic rather than the detailed, searching and microscopic examination so necessary in some cases to qualify for the positive declarations of the conscientious scientist. There should be no doubt in the mind of the expert as to the nature of a membrane thrown off from the womb in a case of suspected abortion. The microscope can in most instances determine, if the naked eye cannot, the difference between the discharge of a membranous dysmenorrhœa and a true decidual membrane, and the expert witness who has not made use of this instrument of precision in suspected cases should not suffer himself on the witness stand to defeat the ends of justice by his pointless testimony.

We are constrained to believe that the evil here indicated (this indefinite testimony) is not confined to Detroit experts, but that there is room for reform in this direction in other parts of the country.

Diphtheria and Bacteria.

The supplement to the National Board of Health Bulletin for January 21st, contains the ful report of the experiments conducted by Drs. H. C. Wood and H. F. Formad, of Philadelphia, under the auspices of the Board, with a view to determining the connection of diphtheria with fungi. This report is one which is a credit to American medicine, and would place Drs. Wood and Formad in a high place among the careful observers in any country. It is an eminently scientific report, and although the experiments undertaken have not yet been as conclusive in their results as one could wish, there is that in the record of them which inspires faith in the ultimate practical good which will crown the labors of these observers.

The experiments were undertaken to determine two questions: First, whether bacteria, which are always present in the false membrane of diphtheria, are identical in form and size with those which are present, not only in the membrane of non-diphtheritic tracheitis, but also in the inflammation of an inflamed tonsil; second, whether bacteria are always present in diphtheria, or only in some cases. To answer the first question a large number of cases were examined. These cases are divided into two sets: First, those of endemic or sporadic diphtheria; second, those of true malignant epidemic diphtheria. The experiments consisted of two sets, the first being conducted on eight mild cases occurring in Philadelphia, and the second on fourteen cases of malignant diphtheria as it occurred in epidemic form at Ludington in this state. Out of the seven cases, in which blood was examined during life for micrococci, in six no fungi was found, whilst in one case micrococci were somewhat abundant in the vital fluid. Of the Ludington cases, fourteen in number, in seven micrococci were found, and in seven none were present. The cases in which there were no micrococci were all of them very light, or in the stage of convalescence, and the amount of fungi present in the malignant cases seemed to be proportionate to the severity of the symptoms, and to steadily progress with the disease in the fatal cases. "The study of these two sets of cases is sufficient," they say, "to enable us to formulate, as established, the proposition that in endemic mild diphtheria, micrococci are always present in the part locally diseased, but are usually not present during life in the blood, or in the glandular organs, even in cases which prove fatal; that in malignant epidemic diphtheria micrococci are always present in the part locally diseased, and are also usually, and perhaps always to be found in the blood and tissues of severe cases, but are frequently, if not usually, absent from the blood of mild cases."

Observations conducted to determine whether micrococci are found in the blood of other diseases than diphtheria, and if so whether they are distinguishable from those found in the latter disease, were not conclusive.

Their testimony on that much mooted question the identity of diphtheria and croup is far from fortifying the position assumed by the dualist.

They say "It will be shown that the morbid processes which give rise to the respective lesions in the pharynx and in the air passages is the same, and the anatomy of the products identical." They claim that the apparent difference in the lesions and in the morphology of the exudates is altogether conditioned by and dependent upon the anatomical peculiarities of the pharynx and respiratory passages. The reasons which they give for such an expression are fully stated and are indeed very conclusive as arguments in favor of the identity of the two diseases.

The following summary is given of the chapter on the "Nature of Diphtheria:"

"The micrococci of diphtheria do not differ, so far as observed, from the micrococci of furred tongue, etc., except in their tendency to grow in culture fluids.

The micrococci of furred tongue or ordinary sore throat have a less tendency to grow under culture than have the micrococci of endemic non-malignant diphtheria.

The micrococci of endemic or non-malignant diphtheria have a much less tendency to grow under culture than have the micrococci of malignant diphtheria.

The rapidity of growth of the micrococci is in direct proportion to the malignancy of the case yielding them, and its contagiousness.

On exposure to the air diphtheritic membrane of the most violent type loses its contagious power, and the micrococci *pari passu* lose their power of growing in culture fluids.

Under successive generations of artificial culture the diphtheritic micrococci lose their growth, activity and also their power of infecting the rabbit.

It has not been experimentally directly proven, but it is a necessary inference from the two facts just stated, that under certain favoring circumstances the sluggish micrococcus puts on growth-activity, and, and in all probability, *poisonous properties.*

Every grade of case can be found in man from an ordinary sore throat, through simple pseudo-membranous angina and tracheitis up to malignant diphtheria.

Any inflammation of the trachea of sufficient intensity may cause the formation of a pseudo-membrane."

If these experiments teach anything, it is that diphtheria is not a specific disease, or rather that the micrococcus which has been regarded as essential to the existence of the disease is not of a different nature from that found in healthy throats, but that in diphtheria this micrococcus has been stirred up into unwonted activity, the soil furnished by individual throats favoring such activity, and the rapid growth of the germ. They teach that the micrococcus finds a favorable soil in throats which would naturally be supposed to have the least powers of resistance, *e. g.*, in children and in debilitated adults. They teach also that diphtheria is first a local disease before it is a systemic, and inculcate the importance of early local treatment with a view to destroying the bacteria before they find an entrance into the circulation and to cause systemic infection. There is, of course, nothing new in these deductions, but the experiments give them increased weight and will lead to their more general acceptance.

We would state that the number of communications, pro. and con , received on the text "Prevention of Conception," has prevented our publication of any, save that from Dr. Herrick in this issue, without laying ourselves open to unfavorable comment from those whose articles might not appear. The question is one worthy of calm, dispassionate argument, but we think there has been sufficient said on it in these columns, for the present at least. A communication, received too late for this issue, from a female physician, will close the discussion in our next.

Miscellany.

A New Code of Ethics.—We have received from Dr. Henry G. Piffard, Secretary of the Committee who drafted it, the following as the new code adopted by the New York State Medical Society, at its meeting on the 7th inst. The simplicity and conciseness of the instrument are in marked contrast with the complexity and voluminousness of the code of the American Medical Association. It contains all the essential features of the latter without its irrelevancies and ambiguities, and will commend itself to many as the preferable guide (in so far as a written code can be a guide) to one physician's conduct toward another and to the public. There are some imperfections and some commendable features in it which we may take occasion to refer to at some other time.

1.—*The Relations of Physicians to the Public.*—It is derogatory to the dignity and interests of the profession for physicians to resort to public advertisements, private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor without charge, or promising radical cures; or to publish cases or operations in the daily prints, or to suffer such publications to be made; or through the medium of reporters or interviewers, or otherwise, to permit their opinions on medical and surgical questions to appear in the newspapers; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform other similar acts.

It is equally derogatory to professional character, and opposed to the interests of the profession for a physician to hold a patent for any surgical instrument or medicine, or to prescribe a secret nostrum, whether the invention or discovery or exclusive property of himself or of others.

It is also reprehensible for physicians to give certificates attesting the efficacy of patented medical or surgical appliances, or of patented, copyrighted or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc.

Rules Governing Consultations.—Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith. may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.

To promote the interests of the medical profession and of the sick, the following rules should be observed in conducting consultations.

The examination of the patient by the consulting physician should be made in the presence of the attending physician, and during such examination no discussion should take place, nor any remarks as to diagnosis or treatment be made. When the examination is completed, the physicians should retire to a room by themselves, and after a statement by the attending physician, of the history of the case and of his views of its diagnosis and treatment, each of the consulting physicians, beginning with the youngest, should deliver his opinion. If they arrive at an agreement, it will be the duty of the attending

physician to announce the result to the patient, or to some responsible member of the family, and to carry out the plan of treatment agreed upon.

If in the consultation there is found to be an essential difference of opinion as to diagnosis or treatment, the case should be presented to the patient. or some responsible member of the family, as plainly and intelligently as possible, to make such choice, or pursue such course as may be thought best.

In case of acute, dangerous or obscure illness, the consulting physician should continue his visits at such intervals as may be deemed necessary by the patient or his friends, by him, or by the attending physician.

The utmost punctuality should be observed in the visits of physicians when then are to hold consultations, but as professional engagements may interfere or delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe, but if it be the consulting physician, he should retire except in an emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing, and under seal, to be delivered to his associate.

3.—*The Relations of Physicians to each other.*—All practitioners of medicine, their wives, and their children while under paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired.

Gratuitous attendance cannot however be expected from physicians called from a distance, nor need it be deemed obligatory when opposed by both the circumstances and the preferences of the patient.

The affairs of life, the pursuit of health and the various accidents and contingencies to which a medical man is peculiarly exposed may require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

Diversity of opinion and opposition of interest may, in the medical as in other professions occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians before appealing to a medical society or the law, for settlement.

If medical controversies are brought before the public in newspapers or pamphlets, by contending medical writers, and give rise to, or contain assertions or insinuations injurious to the personal character or professional qualifications of the parties, the effect is to lower in the estimation of the public, not only the parties directly involved, but also the medical profession as a whole. Such publications should therefore be brought to the notice of the County societies having jurisdiction, and discipline inflicted, as the case may seem to require.

Dyspepsia Among the Farmers. — *Medical Record:* In the last annual report of the South Carolina Board of Health is an article by Dr. S. Baruch, upon the "liver complaint" among the farmers and laborers of the south. It contains facts and suggestions which have a wide interest and importance.

In a long experience among the rural and laboring population of South Carolina, the author had noticed the great frequency of the so-called "liver complaint." The patients presented more or less of the following symptoms: "Face pale, skin shrivelled, tawny or tallowy, lips pallid, white of eyes bluish and glistening, tongue covered with a thin white fur, pain and fullness at pit of stomach after eating, nausea, eructation of gas or hot water (water-brash), oppression of chest after meals, palpitation of heart, rapid breathing when walking fast, constipated bowels, languor, loss of appetite, wandering pains in various parts of the body, etc."

Now, these symptoms indicated, according to Dr. Baruch, not liver trouble, which is comparatively rare in the south, but dyspepsia. And the extreme frequency of this dyspepsia led our author to investigate its cause. This he found to lie in three things: improper food, improper cooking, and too rapid eating.

The food of the southern laborer is chiefly "hog and hominy," *i. e.*, pork and corn-meal in various forms. As a rule, the pork used is salted. This process, according to Liebig, as quoted by Dr. Baruch, diminishes the nutritive value of the meat one-half. It also makes it less digestible. In addition to this, the constant use of the same kind of cooked food seems to have an injurious tendency. The southern farmer, however, not only eats his pork constantly, but eats a great deal of it at a time. The remark is quoted that American laborers eat as much animal food in a day as would supply three laboring men in Europe. Physiology indeed confirms what observation suggests, that man is essentially and distinctively a glutinous animal; and the American laborer seems to be a peculiarly

good illustration of this anthropological characteristic.

Dr. Baruch describes the southern mode of cooking food. His endeavors to be amiable in his criticisms do not disguise the fact that the country housewives make bad bread, doubtful pastry, and fry, with little skill, almost everything that can be cooked by that dyspepsia-compelling process. The frying pan, however, is not a distinctively southern institution, but is co-extensive with theAmerican eagle and the star-spangled banner. It is the *bête noir* of the hygienist, and has received deserved anathemas from every quarter. But it still maintains the supremacy which it gained in the kitchens of our fathers, and we fear is likely to continue to do so.

The evil results of rapid eating have been often told, with probably some good effect, especially unto the rising generation. It is children who must be taught to eat slowly, and the dyspeptic parents of the present day are making wise teachers.

The prevalence of dyspepsia among the rural population is not confined to the south. A somewhat similar account of that of Dr. Baruch was given some years ago by Dr. John Ordronaux. whose criticisms referred to New York and New England.

Expert (?) Aphorisms.—A gentleman who has had access to that voluminous document, the official report of the testimony in the Guiteau trial, has furnished the St. Louis *Clinical Record* with the following "gems of purest ray serene" selected therefrom:

The tracings of the hatter's conformator show the centers of ossification, according to Dr. Walter Kempster, of Oshkosh, page 1,523 of Official Report.

"There is no such a thing, in fact, as hereditary insanity." Same witness, page 1,534 of Report.

"There is no such thing as the absolute transmission of disease, and there is no such thing as disease of the mind." Page 1,543.

"Eccentric people or persons possessing marked traits of character, or illy balanced," . . . . "are not as liable to outbreaks of insanity as those who are more steady and staid in habits or character, for the reason that an eccentric person is not so easily affected by the jeers and taunts of his opponents, and not so easily affected by the ups and downs of life." Page 1,535.

"Before a person can be insane there must be a change in the natural habits and characteristics of the individual, and if a person was born insane there could be no such change." Page 1,535.

"Insanity cannot exist without either delusion, illusion or hallucination." Page 1,537.

"Delusions under which violent acts are committed by the insane are of slow growth." Page 1,537.

"I do not believe in moral insanity. I think it is a convenient term, which has been introduced into certain books, and generally applied to those persons who have committed an outrageous act of some kind, and for whose behavior there was no other excuse. These have been called cases of moral insanity. I have no faith whatever in moral insanity as represented by such writers." Page 1538.

Deviation of the tongue does not indicate anything; "there are very few people who can put their tongues out straight in a direct line." Page 1555.

The hereditary history of patients is of no importance. The data of heredity are inserted in the medical reports because the Wisconsin State Laws so demand, but not for any scientific reasons. Same witness, page 1578.

From the testimony of John P. Gray, M. D., of Utica, N. Y.:

Dementia is the sole form of insanity that can be diagnosticated physically. Page 1665.

There is no such thing in insanity as kleptomania, dipsomania and pyromania. Page 1674.

Insanity can always be detected by the microscope after death. Page 1650.

The Artificial Production of Organic Forms.—*Lancet:* The mimicry of organic forms by inorganic elements, has often excited the attention of the curious, and it has been recently systematically studied, so far as chemical elements are concerned, by MM. Monnier and Vogt. Forms which closely resemble those of living organisms, such as simple and tubercular cells, with septa and granular contents, may be artificially produced in a suitable liquid by the union of two salts, which form, by double decomposition, one or two insoluble compounds. One of the salts must be dissolved in the liquid, the other solid. These objects are formed equally well, whether one of the liquids is of organic origin (as sucrate of lime), or purely inorganic (as of silicate of soda.) The resulting form clearly depends on the nature and viscid consistence and concentration of the liquids. Some viscid solutions, however, such as gum arabic and chloride of zinc, do not give rise to them. The form which results is as constant for the same conditions as in the crystalline form of a mineral, and it may even be employed as a means of ascertaining the presence of a given substance. It promises to constitute a new and very sensitive form of analysis, and may thus be employed, for instance, to distinguish the alkaline carbonates, sesquicarbonates, and bicarbonates, the one from the other. The chief influence which determines the form is the nature of the acid which enters into the composition of the solid salt. The sulphates and phosphates, under certain circumstances, give rise to tubular forms, the carbonates to simple cells. With certain exceptions, such as the sulphates of copper, of cadmium, of nickel, and of zinc, these pseudo-organic forms are only produced by the combination of those substances which are found in real organisms. Sucrate of lime, for instance, gives rise to such forms, while sucrate of strontia and of baryta do not. The pseudo-organic elements are surrounded by true membranes of perfect dialysing

power, allowing only liquids to pass. Their contents are heterogeneous, and granules in the interior may be disposed in a special manner. They thus resemble absolutely the morphological elements of organized beings. It is highly probable that the inorganic constituents of living protoplasm play some part in determining the form which the organized elements assume.

THE DEATH OF THE CARBOLIC CRAZE.—*Medical Press and Circular:* To every thoughtful man it must be perfectly humiliating, from the scientific standpoint, to reflect on the surgical fanfaronade which, for the past few years agitated, not only the profession, but the public, in connection with carbolic acid, and now to read in the editorial columns of a contemporary, "we may say that the day of carbolic acid is over." . . . "The spray has been abandoned by many surgeons, and even Mr. Lister has spoken in qualified terms of its necessity; and had we to prophecy, instead of to record accomplished facts, we might venture to predict an early abandonment of this cumbrous addition to a surgeon's armamentarium." All this is precisely what all sensible men knew sufficiently well to be inevitable. But what of the great "cures" that have been accomplished by means of carbolic acid? What of the children who have first entered the "vale of tears" through its incense? What of the ephemeral reputations based on this illusory theory? What of the numerous papers which have appeared in our journals from so many incapable of forming correct judgments, but anxious as to the chance of advertising? We are getting back to where we were before the famous carbolic acid theory was propounded; but medical science cannot fail to suffer from such insensate outbreaks of surgical fashion, nor can the contempt of all intelligent members of the profession be withheld therefrom.

THE WATER OF A HOLY WELL.—Prof. Frankland has recently sent a letter of the London *Times* on the quality of a well regarded as sacred by Mohammedan pilgrims. The water appears to be even worse than that of many wells not considered sacred, but we hope our readers will take warining from this extreme instance of well pollution, and consider that it does not require contamination seven times worse than sewage to send typhoid and cholera into the houses of Christians, how ever it may be with Mohammedans.

Professor Frankland says: "The well is in Mecca; the water is regarded as holy, and large quantities are annually sent as gifts to all Mussulman countries. Most of the Mohammedan princes, especially those of India, have 'keepers of the well," whose duty it is to send them annually water from the well.

"I have analyzed this water, and find it to be of the most abominable character. In fact, it is sewage more that seven times as concentrated as London sewage, and contains no less than 579 grains of solid matter per gallon. Knowing the composition of this water, and the mode of propagation of Asiatic cholera by excrementitious matters, it is not to be wondered at that outbreaks of this disease should often occur among pilgrims to Mecca, while it would scarcely be possible to provide a more effective means for the distribution of cholera poison throughout Mohammedan countries."

EVERY DOCTOR HIS OWN PHOTOGRAPHER.—The *Medical News* (Philadelphia) calls attention to a recent invention by means of which impromptu photography may be made by the inexperienced amateur. Our contemporary suggests the following touching its applicability to the wants of the practitioner: "Medical men very frequenty want photographs in cases of injury, deformity, tumors, etc., but the trouble and expense have been serious bars to obtaining them; and many patients, too, cannot go to the photographer. Drawings are often even more expensive, and always labor under the disadvantage of possible inexactness. Recently, however, the introduction of the 'dry-plate' process has so simplified the method, avoided the former dangers, and reduced the expense, that any one of ordinary intelligence and means can now take all the photographs he wants at a moment's notice. At the Cincinnati meeting of the American Association for the Advancement of Science last August, Mr. Walker, of Rochester, N. Y., showed a 'pocket camera,' which, according to Prof. Lattimore, supplies every want of the inexperienced amateur. Its weight is only two ponnds. 'Dry-plate outfits' are now to be had at a cost of $10 and upwards, which are excellent. Provided with one of these instruments, the doctor would always be prepared to photograph any case he desires, at his office or in the sick-room. Our hospitals, especially, should be provided with such a good outfit, so that cases and specimens could be photographed at any time, even by a resident. Our microscopists would also find it exceedingly useful to make permanent many a transient preparation not suitable for preservation."

AN EMPHATIC PROTEST.—The following has been received from Dr. C. G. Polk, of Philadelphia, which the desire to do every man justice induces us to give a place in our columns. Certainly Dr. Polk is to be commiserated on the persistency with which the late Dr. Buchanan, and those of that ilk, persist in making use of his name, without his previous knowledge or consent, to further there questionable schemes:

I am informed that the name of Charles G. Polk appears as one of the faculty in an announcement of an Eclectic Medical College in Detroit.

Let me inform your readers that I am not the individual vested with the dubious honors; that I know nothing about the institution, and have no connection with it. As certain journals *claiming to be regular* have tried to identify me with the eclectic school, and some eclectics have tried to carry me up in the beautiful landscape of eclecticism, permit me

to say I have not, and never did have any sympathy with any but the regular school of medicine; I have never affiliated with any other class of physicians and have not the slightest inclination of so doing. Every day, as it passes, strengthens my loyalty to the regular school and impresses upon me the importance of observing in every particular the code of ethics especially the clause in reference *to quack nostrums.*

The unauthorized use of my name by such concerns and its forgery to bogus diplomas, (some of which I am informed are now in Detroit) have done me a very serious injury. I can see no reason why such parties select it, for their nefarious purposes. I supposed when I vindicated myself of any connection with the fraudulent diploma business in June 1880, in a legal investigation, that the unauthorized use of my name would not again occur. I will send the institution a legal notice, as soon as I obtain its name, to dismiss me from its faculty.

WANTED, A DIAGNOSIS.—A correspondent has addressed us individually the following note which we take the liberty of submitting to our readers:

Will you be kind enough to give me your experience or the facts in the case regarding the following: I have lately had two patients affected with throat trouble, sort of diphtheritic and still not what I think is essentially such.

There was a thin membrane formed on the posterior and upper part of pharynx and about the tonsils. It yielded readily to treatment. One of them is a young widow and the other her servant. The first tells me she has noticed that her throat gets sore every menstrual epoch, (at least she has so noticed it for several times lately) and it seemed to get worse each time, that the third or fourth time she called me for treatment. Both suffer more our less with leucorrhœa. What I want to know is this, does the throat trouble make its appearance because of the leucorrhœa? If the trouble isn't a mild form of diphtheria, would a catarrh of the throat be caused by the other catarrh? Is it an observed fact among physicians of experience that such things occur, and can the cause be as I suspect? I shall treat the leucorrhœa, of course, but I would like to know if there is any relation of cause and effect as seems to be indicated.

F. L. B.

London Medical News: At a popular physiology lecture lately, Prof. Stirling, of 'Ours,' in the course of an amusing diatribe against the martyrdom of stays, as worn by women, exhibited a figure of the Venus of Milo side by side with the representation of a woman cut from a Paris fashion plate for 1880, and provoked great laughter by asking, "*Do* men desire that women should tight-lace themselves so as to form a thing that one could span with two fingers? The human arm has not grown shorter within the last century." Is it a coincidence, or a wise provision, that a man's arm and woman's waist both measure, on an average, 30 inches.

The *North American Reuiew* for March presents a striking array of articles, every one of which is of contemporaneous interest and from the pen of those whose positions entitle their utterances to careful consideration. Senator Edmunds has an article on the "Conduct of the Guiteau Trial; Ex-Minister Noyes on "The Progress of the French Republic;" and among the other articles which go to complete the number is one from the pen of Prof. A. B. Palmer on the "Fallacies of Homœopathy." Of the merits of this article it is unnecessary to speak, but from the interminable discussions which it is to be feared it will be found to have stirred up, we may devoutly pray, "Good Lord deliver us."

The Royal College of Physicians of England has recently adopted the following resolution: "While the college has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine it nevertheless considers it desirable to express its opinion that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The college therefore expects that all its fellows, members and licentiates will uphold these principles by discountenancing those who trade upon such designations."

Hoist by his own petard: The *Chemist and Druggist* reports the case of a Mr. Teale, of Brooklyn, agent for the Fever and Ague Cure (James's), who sought to cure himself by taking large doses of the medicine which it was his business to advise others to take. Verily such faith is seldom found, even in the ranks of patent medicine men. But Mr. Teale had reckoned without his host, and his body now lies mouldering in the grave—at least, it moulders as fast as the preservative properties of the arsenic in James's Fever and Ague Cure will permit.

The following item in regard to Samuel Piercy, the actor, who died of small-pox a short time ago, is copied from the New York correspondence of the *Philadelphia Press:* "He was one of a half-dozen intelligent men I ever knew to be influenced by the crazy howls of the anti-vaccination fanatics. Jebb and Bergh and the rest of the mistaken lot had managed to convince him that the risks lurking in the preventive were worse than the dangers of the disease. Before leaving New York, a few weeks ago, he laughingly rejected the advice of friends who urged him to be vaccinated. He was a convert to the views of Jebb and Bergh, and he paid the penalty of martyrdom."

The commencement exercises of the Michigan College of Medicine will be held at Whitney's Grand Opera House in this city, on Wednesday evening, 1st prox. The address to the graduates will be delivered by Prof. Wm. Brodie, and that to the public by Gen. L. S. Trowbridge. Music by Speil's orchestra. The commencement of the Detroit Medical College will be held at the same place on the following evening (2d prox.), when a poem will be read by Mr. D. Bethune Duffield, and an address delivered by Col. John Atkinson. The two colleges will graduate between 30 and 40 students.

The Scientific American which was badly scorched during the late New York fire, has found new quarters, and its characteristic enterprise has shown itself in the fact that there has been no interruption in its publication. The subscription lists, account books, patent records, drawings, e c., were preserved in fireproof safes against all injury from fire. The new location is at 261 Broadway. Messrs. Munn & Co. have had over 30 years' experience in this par ticular line of business, in which they stand without peers.

Dr. Fothergill declares shat the following will be *par excellence* the fever mixture of the future, and especially in cases attended by cerebral disturbance:

℞ Acidi hydrobromici .....3 j.
Syrupi ..... 3 ij.
Aquæ ad..... ℥ j.
M. Sig.—Take every hour.

An English physician with whom Sidney Smith always had a controversy when they met, received an appointment to go to Australia, in its early savage days. When taking his leave of him, the wit said: Good bye, doctor; you have never failed to disagree with me, and I verily believe you will disagree with the savage who eats you.

Parties desiring their addresses on NEWS to be changed will please mention their former address. We have a number of such requests to change which we have been unable to comply with, owing to this neglect to mention the place from which the change is to be made. The NEWS list is too large to look through for name and initials.

One of the dangers of the employment of women as drug clerks is the consequences which are prone to follow questions like the following, which the *Drug Exchange* says was recently asked a female drug clerk in Chicago: "Have you large black nipples?"

Original Articles.

Gonorrhœal Ophthalmia, Its Complications and Results; Iridectomy for Artificial Pupil.

A CLINICAL LECURE AT THE MICHIGAN COLLEGE HOSPITAL, BY C. J. LUNDY, M. D., PROFESSOR OF DISEASES OF THE EYE, EAR AND THROAT.

Case 1. Gentlemen:—The first patient that I bring before you is Mr. Blank, æt. 24. Nearly four weeks ago he contracted gonorrhœa. About one week since his right eye became irritable and began to smart and burn, and he experienced the sensation of grit or sand beneath the lids. These symptoms were quickly followed by lachrymation, dread of light, marked congestion of the conjunctival and subconjunctival vessels, swelling of the conjunctiva, muco-purulent discharge and considerable pain in the lids and eye-ball.

The swelling of the conjunctiva has increased until now you observe that marked chemosis exists. The ocular conjunctiva is "walled up" around the cornea, and the latter appears sunken like the bottom of a cup. This swelling or chemosis of the conjunctiva is due mainly to serous effusion and escape of cells into the conjunctival and subconjunctival tissue. You will also observe the swollen condition of the lids; how the upper lid hangs down over the lower one, and that the patient is powerless to raise it. You see there is a free discharge of pus which flows down upon the cheek. This pus comes from the conjunctival surface; and although, from its abundance, you might for the moment think it had some other source, yet it has none other than the conjunctiva. When this patient came into the hospital yesterday the discharge had completely saturated the eye bandage, but the eye had not been frequently cleansed as it has been here by the house surgeon and his assistants.

This case does not differ materially from other cases of purulent ophthalmia which I have shown you heretofore, except in causation and severity. I have told you that this man had a gonorrhœa. Let me ask what relation it bears to his eye trouble? It stands in relation of cause, and his eye trouble is gonorrhœal ophthalmia. This puru ent conjunctivitis is the result of inoculation with gonorrhœal matter from his urethra. The conjunctival inflammations occurring from such cause, are, like the case before you, usually purulent, but in exceptional cases they assume a diphtheritic type. As the late Soelberg Wells correctly said, "gonorrhœal ophthalmia is one of the most dangerous and virulent diseases of the eye." Its course is nearly always a violent one, and in a majority of cases it injures or totally destroys the eye. As you are already aware, purulent ophthalmia may be produced by a variety of causes, but, in cases like this, there is but one cause, viz: inoculation with the specific virus of

gonorrhœa. How shall you diagnose these cases? The fact that this is a case of purulent ophthalmia is self evident, but you could not distinguish between this and a case of ordinary purulent conjunctivitis. The severity of the case would lead you, as it did me yesterday, to suspect that it was gonorrhœal. Upon enquiry or examination you can ascertain if the patient has gonorrhœa, or if he has come in contact with any one suffering from that disorder. Its occurrence first in the right eye is a matter worthy of note, and you will observe that this patient's right eye is the one involved. But the differential diagnosis between this and other forms of purulent ophthalmia is not a matter of great moment, at least so far as treatment is concerned. In regard to prognosis, however, it were better to determine, if possible, the real nature and cause of the affection.

The prognosis must be guarded. In a majority of cases it must be grave, for the disease is a dangerous and treacherous one. According to Wecker, of Paris, at least one-half the eyes affected with gonorrhœal ophthalmia are totally lost. Not long since, the celebrated London oculist, Critchett, stated that formerly he lost all eyes affected with this disease. Some time ago a gentleman, now retired from practice, but formerly a leading surgeon of this city, informed me that he had seen five eyes lost from gonorrhœal ophthalmia within twenty-four hours.

Why is this affection so disastrous in its consequences? It is because the cornea becomes involved in the process of destruction. Its nutrition is liable to become impaired, and ulceration, necrosis and sloughing may follow. If the cornea becomes perforated as the result of ulceration or sloughing, the aqueous humor escapes, permitting prolapse of the iris, which is usually disastrous in its consequences. I have another case to present to you this morning which forcibly illustrates some of those points.

I have seen the entire cornea disappear in one slough, and the contents of the globe soon follow.

When considering the histology of the cornea, we saw that the corneal canals were continuous in part with the lymph spaces of the ocular conjunctiva. We saw, too, that irritation of the cornea caused an influx of the wandering cells into the canaliculi. We also saw that long continued irritation caused proliferation of the fixed cells of the lacunæ. The effect of such occurrences is to interfere with the free passage of nutritive lymph through canaliculi and lacunæ; and, as we saw, it is upon this lymph that the nutrition of the cornea in great part depends. But the great danger in this case lies in the congestion and stasis of the conjunctival and subconjunctival vessels, and the enormous swelling of the ocular conjunctiva. These so interfere with the lymph supply as to almost cut off from the cornea this most important source of its nutrition, and leave it in serious danger of sloughing. As you inspect the cornea, you observe that already a large portion of it has lost its transparency, and that it has, even thus early in the disease, yielded to the deleterious influences to which I have just referred. I have no doubt that the continued bathing of the cornea in pus has also had a decidedly injurious influence upon its nutrition. Even in mild cases of purulent ophthalmia, in which the eyes have not been frequently cleansed, you will often observe a lack-lustre, unhealthy look of the corneal epithelium, though the deeper layers of the cornea are not involved. Were it not for the corneal complications which are so liable to occur in the course of this affection, our prognosis in gonorrhœal ophthalmia might always be favorable.

The proper management of gonorrhœal ophthalmia is of the greatest importance, and not the least important is prophylaxis. Patients suffering from gonorrhœa should be fully warned of the danger of inoculating the eye. Had this patient been so warned, he would not to-day present this pitiable appearance.

If one eye has escaped, as in the case of our patient, you must immediately seal it up as I have done in this case. You see that his left eye is securely protected against the possibility of inoculation with matter from the right eye or from the urethra. You observe that a watch crystal is placed in front of the eye and held firmly in place by means of adhesive plaster and collodion. For this purpose you should select a large crystal with a deep concavity, like the ones I here show you—those for the old fashioned "English bull's eye" watches are the best. This leaves a large space between the lids and the glass and is much more comfortable. You see that an open space is left at the outer angle for ventilation. Other transparent substance may be used instead of the watch crystal if desired, but the latter answers every purpose. The well eye may also be protected by means of pad and bandage; but it becomes very irksome to the patient to keep the eye tied up in this manner for three or four weeks.

While I would not advise you to place too much reliance on abortive treatment, yet it may be tried. Dr. Bull recommends the use of nitrate of silver grs. x or xx to the ounce of water. I have never succeeded in aborting a case of gonorrhœal ophthalmia, but in the vast majority of instances the disease was well established when first seen by me. The important question in this case is, what can we do to effect a cure? for prophylaxis, or abortion of the disease need not now be considered, so far as the right eye is concerned. Cleanliness is an important part of the treatment, not only in this, but also in other forms of purulent ophthalmia. The eye should be thoroughly cleansed once every hour, or every second hour, at the longest, for I believe this pus has a destructive action upon the cornea. This may be done with warm water and a piece of soft cotton rag, or by means of an eye douche, such as I here show you. Anointing the edges of the lids with cosmoline favors the escape of pus which may be wiped off from time to time as it flows out upon the lids. In order to further prevent

the injurious influences of the purulent matter, we have a solution of boracic acid, gr. x, ad ℥ j, injected beneath the lids several times daily after the eyes are cleansed. I find this plan of disinfection an important adjuvant in the treatment. A few leeches, or better, the artificial leech, might be applied to the temple, but I fear it is now too late to get much benefit from such means in this case. When this man entered the hospital yesterday, after cleansing the eye thoroughly, I applied to the everted lid a solution of nitrate of silver, gr. x, ad ℥ j. I shall repeat this once a day till the discharge diminishes, when a weaker solution of the same salt will be employed for a time longer. This should be applied with the cotton mop, such as I here show you. By using this simple device you avoid doing injury to the cornea, whose nutrition is already impaired. You should not drop strong solutions of nitrate of silver into the eye. In some cases surgeons use xx grs. of nitrate of silver, ad ℥ j of water, or even the mitigated stick. All strong solutions of nitrate of silver should be washed off. The only other astringents which I have ordered in this case are sulphate of zinc and alum. We have here a solution containing 2 grains of the former to 5 grains of the latter ad ℥ j. This is injected beneath the lids two or three times daily by means of the eye douche. Scarification of both ocular and palpebral conjunctiva helps to unload the engorged vessels, and may be repeated daily. These scarifications should be only superficial. The little operation of canthotomy we have performed here to relieve the cornea of pressure from the swollen lid, and permit the more thorough cleansing of the eye. The free bleeding which follows this procedure has a beneficial effect.

Critchett, of London, has resorted to a novel operation in these cases. He cuts the lid in two halves, from the free border to the retrotarsal fold, and turning back each half separately, he stitches it to the brow. After the disease subsides, he brings the two halves of the lids together again, freshens the edges, and unites them by suture. He claims brilliant results from this procedure.

The management of the cornea is very important. In addition to what has been done for this patient in that direction, the eye is bathed in hot water for 15 or 20 minutes every two hours. The hot water is allowed to come freely in contact with the cornea. I have used hot water in corneal troubles for some years past, and find its use decidedly beneficial. While atropia might be used with propriety previous to the involvement of the cornea, eserine will now be found a more useful remedy. Although eserine is a double-edged sword, and favors the occurrence of iritis, yet it is a valuable remedy in most corneal troubles. Where it is a question of saving an eye from total destruction through necrosis and sloughing of the cornea, there should be no hesitation about using eserine. A few drops of a two-grain solution are instilled into the eye, after dressing, three or four times daily.

If sloughing of the cornea seems imminent, despite our efforts, we will bandage the eye firmly to support the cornea.

In many instances, patient's suffering from gonorrhœal ophthalmia need a supporting plan of treatment with stimulants, for the primary disease has already impaired the physical condition. In our patient's case this does not seem to be required, and it will be only necessary to relieve his constipation and to meet any indications for systemic treatment that present themselves. His diet should be nutritious and of a kind easily digested and assimilated.

Case 2. The next patient is Arthur L., æt. 21. His case illustrates some of the pathological conditions which result from gonorrhœal ophthalmia. About fifteen months ago he contracted gonorrhœa, and a couple of weeks later his eyes were inoculated. The gonorrhœal ophthalmia ran a severe course, and when I saw him with the attending oculist at another hospital, both corneæ were seriously diseased. In the upper portion, each cornea was perforated by ulceration or sloughing and the iris had become adherent. Of course an unfavorable opinion was given.

As you examine the corneæ to-day, you will observe that they are opaque over a considerable portion of their surface. These opacities, or leucomata —there are several of them—are due to scars left after the healing of the ulcers. The scar tissue is translucent, and not transparent as in health, and hence the great impairment of vision arising from this condition. In the upper portion of each cornea a condition known as leucoma adherens exists, that is, the cornea and iris are firmly held together by cicatricial tissue. The right eye is more seriously damaged than the left, for in the former the pupillary margin is bound down to the lens capsule by synechia. In the left eye the pupillary margin is free, but the opacity of the cornea prevents the light from entering the pupil.

This man is anxious to have something done to improve his sight, and comes here to seek assistance that he may be enabled to earn a livelihood. Nothing can be done by medication to permanently improve his sight, although from use of atropine he has temporarily improved vision in the left eye. The atropine dilated the pupil and thus light was permitted to enter where the cornea was not opaque. He has used the atropine for a long time and it has produced considerable irritation of the conjunctiva, I have advised him to discontinue the remedy and submit to operative interference. To this he has consented, and this morning I shall make an artificial pupil in each eye. Although the promise of fine results is not as good as it would be were the corneal opacities less extensive, yet the iridectomies afford the only prospect of permanently improving his vision. The removal of a portion of the iris in this way is indicated in various eye troubles, but I cannot now take time to explain these indications. Suffice it to say that, in the case before us the iridec-

tomies will be made for artificial pupil and for visual purposes.

In deciding at what point an artificial pupil should be made, where opacity of the cornea exists, there are several things to be considered. A clear portion of the cornea should be selected behind which an artificial pupil should be placed. If this is done, the rays of light will pass unobstructed to the fundus of the eye. Although this plan may locate the artificial pupil at a point not as desirable as you would wish for, were you not limited as to choice of position, yet it is of the first importance that it should be so placed. All things being equal, a pupil made inward will be most useful for visual purposes; but at best, no artificial pupil can be as good as the natural one, when no abnormal condition exists.

I shall mention a few of the reasons for this. The edge of the lens before which the pupil is placed, bends rays of light much more powerfully than does the centre of the lens, hence there is considerable annoyance from spherical aberration. The pupil is not round and regular in shape, and therefore there will be greater liability to circles of diffusion upon the retina. The pupil does not contract and expand in response to the stimulus of light, as does the normal healthy pupil, and of course cannot regulate the amount of light entering the eye.

In our patient's case I shall make the pupils inward and slightly downward, because there is as much clear cornea in the lower and inner quadrant as in any other, and because, as already explained, the pupils here will be more useful for visual purposes.

The patient being fully under chloroform, we are now ready to proceed with the operations. The first step is the introduction of the stop speculum, for the purpose of keeping the lids apart. The next step is to seize the ocular conjunctiva on the temporal side with a fixation forceps, in order to hold the eye-ball steady, and with a small bent keratome, like the one I show you, make a section at the cornea-scleral margin, but slightly in the corneal tissue. By firm, but gentle pressure, the keratome is forced into the anterior chamber, care being taken to avoid wounding the lens or its capsule. The section is now complete, and as considerable aqueous humor has escaped, there is greater danger of injuring the lens, therefore I tilt the point of the keratome slightly toward the cornea as I withdraw it. The third step consists in seizing, with an iris forceps, a portion of the iris, drawing it out through the wound, and snipping it off with three successive strokes of the iris scissors.

As some blood has flown into the anterior chamber, it will be advisable to favor its escape. For this purpose a small curette is introduced to hold apart the lips of the wound, and the cornea is stroked gently thus in the direction of the wound, and, as you observe, the blood escapes freely. When any portion of the iris remains entangled in the edges of the wound, it is best to replace it as well as possible before applying the pad and bandage. The operation is now complete, and after repeating the same steps upon the fellow eye, and removing all blood and tears from the conjunctival sac, I shall apply over both eyes the compress and bandage. In making these operations, I have used a bent keratome, for the reason that it would be well nigh impossible to use a straight one to make a pupil inward or downward and inward, without wounding the crystalline lens. When the pupil is made upward a bent keratome must also be used, but if you make it outward or downward, you may use the straight keratome. In making iridectomy for artificial pupil it is advisable to remove only a small portion of the iris, for a large pupil proves a source of annoyance by admitting too much light.

Our pad and bandage are now applied and they will be allowed to remain undisturbed till to-morrow. They will then be removed and for a few days cold will be constantly applied to the eyes. Instead of keeping the eyes bound up for a week or ten days as is usually done, I have resorted to this plan for some time past. I have been led to adopt this course from witnessing the remarkably good effects of cold in penetrating wounds of the eye-ball, and especially in cases where the iris was wounded. For several days this patient will be kept in a dark room; and after being admitted to the light, he will wear a shade over the eyes till irritation has disappeared.

Prevention of Conception.

BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

In the January 25th issue of the NEWS Dr. Willston's kindly criticism of my article upon "Abortion and its Lesson" has been read and its fairness fully appreciated by me. There are always two sides to any question, and what is true of others, is eminently true of a question with such deep and vital interests to all classes of society. Before writing the article referred to, I had read Dr. Goodell's article upon the "Dangers and the Duty of the Hour," a portion of which Dr. Willston quotes in his criticism. He says, "I would simply set it (Dr. Goodell's article) over against Dr. Herrick's article as the more correct representation of the views of the American medical profession on this momentous question."

The exalted professional position which Dr. Goodell occupies will naturally give to his utterances a weight which those of a more humble writer can scarcely expect to attain, notwithstanding which, I do not shrink from a comparison of the two articles by an intelligent medical profession, for the reason that I believe my position to be backed by indisputable facts, within the knowledge of every practicing physician. I shall not undertake to again review the whole question, for the reason that most of the points in Dr. Goodell's paper were considered in the former two articles upon the subject, but will simply try to answer in as brief space as possible the five questions propounded in Dr. Willston's quotation.

1st. "Why is it that in regions of the United

States otherwise most favorably known, nearly every woman under 40 is sickly?" Admitting that many are sickly, still I do not believe that "nearly every woman," or indeed one half of them, are, and a large per centage of those who are sickly are so from want of proper exercise, and in the open air; this is especially true of the wealthy and middle classes, who spend nearly all their time indoors. There are plenty of such women who do not spend four hours outside their ill-ventilated rooms in as many months. The poorer classes are often in bad health from rapid child bearing and exhaustive suckling of children, accompanied with arduous toil.

2d. "Why is it, I ask, that the waiting-rooms of our gynecologists are crowded with querulous and complaining women—women with backaches, and headaches, and spineaches; women without sexual feeling, or too weak to indulge in it?" There are numerous reasons why these things are true; I apprehend that the reason Dr. Goodell's waiting-room is full of such women, is to be found in the doctor's widespread reputation as a gynecologist, as there are many other doctors waiting-rooms which are not so plethoric. Again, the symptoms he mentions are quite common in laceration of the perineum and cervix uteri, prolapsus of the ovary and other post-partum lesions. These symptoms are also common with people who indulge in immoderate sexual intercourse; and what would be only moderate for one person, might be extremely immoderate for another, and when two such persons are married, the weak one must necessarily suffer unless the strong one has humanity enough to exercise self-control over his animal nature, and if he does not do so, the frail woman will soon be "without sexual feeling, or too weak to indulge in it."

3d. "Why do so many women break down either shortly after their marriage, or very soon after the birth of their first child?" Answered in the answers to questions Nos. 1 and 2, and to which may be added the facts that more or less laceration is very liable to follow upon the first pregnancy, and that instead of following nature as exhibited among animals, and abstaining from sexual intercourse during the pregnant state, that relation is continued for the gratification of the male, no matter how repulsive it may be to the female.

These are the reasons, and not as Dr. Goodell says, "the wife sinning the most and most sinned against, suffers the most." If there was anything in direct or remote punishment for the sin committed, the husband would surely have phimosis or chordee, all the time in penance for his gross lust.

4th. "What physician of ripe years is there within the sound of my voice, who has not been begged by women, once willfully barren, but now longing for children, to undo the mischief caused by such practices?" That there are many women advanced in years who desire offspring, there is no doubt, but that their barren state is caused by preventing conception in early life, is by no means proven, as barrenness, all know, depends upon many different conditions. Women are less liable to become pregnant as they approach the menopause, and, as a rule, the desire for children is not until after, or about that time. There are plenty of cases where people have been married 10, 15, or 20 years, before their first child was born, and then produced children at will. Besides, barrenness is as liable to be caused by the husband's condition as that of the wife; a second hubsand has often demonstrated that fact.

5th. "Now, why are there so many ill-sorted marriages? Why those unhappy homes and broken households? What mean these separations between husband and wife?" The reason for these evils is not, I apprehend, to be found in the wife's unwife-like behavior entirely. She is not, as Dr. Goodell would have us believe, the only, or even the greatest sinner. A wife has other and holier offices in the household than to serve as a means of giving vent to man's unhallowed passion, and the union that is built entirely, or even mainly upon the sexual relation, is of a very flimsy and insecure fabric indeed, and partakes more of the nature and grossness of man and his mistress than husband and wife. A union that is only cemented by the ardor with which the wife responds to the sexual approaches of the husband, is rotten to the core, and liable to be snapped asunder at any moment, or the first time the wife, from any cause, is unable to "respond to the approaches of her husband, or receives them only in sufferance."

And yet Dr. Goodell would have us believe that these things "underlie all the relations of life and the fabrics of society." That when the wife "puts off an ardent husband," estrangement, jealousy, and separation must follow. God forbid! that in these brute relations only, exists the safety to the marriage tie. Suppose the wife is "too sickly to admit of the approaches of her husband, or to respond to them, or puts off an ardent husband to stated times and seasons." What of it? It is not just as well if the husband be not quite so ardent? and would not the wife be more ready to "respond" if he did not require her to submit quite so often? Perhaps she would not be "too sickly" if he did not require her to bring forth young with the regularity of his animals.

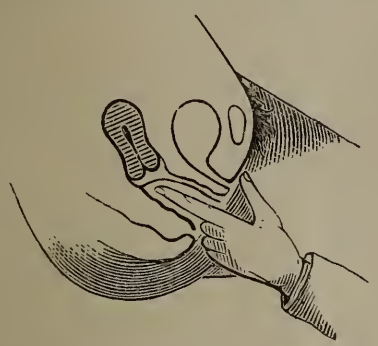
I do not desire to be understood as advocating the indiscriminate prevention of conception, but would recommend it for suitable cases, and as a means of preventing the crime of abortion.

Operation for Perineo-Vaginal Subinvolution.

BY HAL C. WYMAN, M. D., PROFESSOR OF PHYSIOLOGY AND HISTOLOGY, MICHIGAN COLLEGE OF MEDICINE.

Mrs. G., æt. 34 years; farmer's wife; residence, Ontario; was a strong, robust Irish girl; was delivered of first child with forceps and perineum sacrificed to sphincter ani, seven years ago, two years after marriage. Did not recover health after that confinement, but became pregnant, and has now a fine healthy child, three years old. Forceps were used in last delivery, but for what reason I have been un-

able to learn. General health most miserable—back ache, headache, constipation, indigestion, emaciation, and hysteria conspired to keep her constantly under the doctor's care. She was sent to me for operation January 3d, 1882, one month ago. I found the perineum torn to the sphincter ani, folds of weak and flabby vaginal walls, cystocele and rectocele, occupying the capacious vulva, and the uterus in the third stage of prolapsus. She was weak and nervous with poor appetite, bad sleep, and constipated bowels. She had lost faith in medicine and regimen. There was no use trying to prepare her for surgical treatment. Dr. Willard Chaney put her under the influence of ether, while I proceeded to restore the vaginal and perineal functions after the method hereinafter described. The left index finger was passed into the rectum to make tense the recto-vulvar septum. The vaginal or vulvar mucous membrane was incised about one-half inch from the anus. The incision was made large enough with scissors to admit the introduction of the finger of the right hand beneath the mucous membrane; then by gentle pressure it was carried upward, separating the vaginal mucous membrane from the rectum, until it reached and felt distinctly the cervix uteri. Thus a large space was made between rectum and vagina. The lateral walls of this space were now approximated by means of two deep silver wire sutures which were fastened by shot and button at either end. The anterior wall of the space was held up firmly against the anterior wall of the vagina by means of a sharply-curved lithotomy guide, while the sutures were introduced. The needles were introduced fully three-fourths of an inch back from the vulvar margins. Subsequently the perineum was dressed with absorbent cotton and bandage. The rectum and vagina were washed out daily with tepid water. Pus discharged slightly from the wound and about the sutures. On the tenth day sutures were removed; the vagina was found narrowed so as to admit the finger with no little difficulty. Almost a month has elapsed since the operation. The uterus keeps the normal position. The rectocele and cystocele have disappeared. She has been much on her feet, has no pain, and is mending rapidly in general health.



I desire to speak of this case and its treatment as well calculated to bring squarely before practitioners a condition of ill health by no means infrequent. I have resorted to the same procedure in cases in which there was no considerable laceration, but a condition of relaxation—subinvolution—with the most gratifying success. To one at all familiar with the physiology of the vagina and perineum of puerperal women, it must be apparant that a certain degree of involution is essential to restoration of the parts to the normal condition. The passage of the fœtal head through the pelvis distends enormously the muscular and fibrous tissues of vagina and perineum, disturbing seriously their nutrition. The retrograde changes which take place in the uterus after the expulsion of the child at term, restoring the organ to near its non-gravid weight, may be said to compensate for the rapid tissue waste which takes place in the vagina and perineum after the fœtal head has passed through the pelvic canal. Cases not infrequently occur in which this compensation for tissue waste takes place very slowly. Such cases have been called subinvolution, but the term has been almost restricted to the uterus. The vagina and perineum are just as likely as the uterus to have their involution arrested. The condition is not always accompanied by laceration. A train of bad symptoms, constituting ill health, always accompanies subinvolution of vagina and perineum. These symptoms are relieved by the operation before mentioned for the following reasons:

1. By destroying connective tissue between vagina and rectum compels the formation of an extensive cicatrix, which by contracting, limits the blood supply to the parts.

2. It maintains the uterus in a position higher in the pelvis, favoring a normal condition of the pelvic circulation.

3. It imposes upon the patient rest in bed, good diet, good hygiene and kind treatment from those whose words and deeds influence the health of the patient.

Disease of the Heart.

A CLINICAL LECTURE BY PROF. J. M. DA COSTA, M. D., PHILADELPHIA.

This man is a laborer, æt. 58. Twenty-six years ago he had an attack of articular rheumatism, which lasted three months. He has had two severe attacks since then, and several slight ones. In February, 1879, he began to be short of breath upon exertion. His face grew puffy, and his legs swollen. There was no cough or precordial pain; occasionally there was palpitation. He was at that time confined to bed for four weeks, the least exertion bringing on dyspnœa and faintness. Eight weeks ago he was admitted to the hospital for disease of the heart. He left the wards soon afterwards much improved, but came back within a few weeks, down again with dropsy and shortness of breath—utterly unable to do any work. When I examined him I ascertained the following condition of things: Pulse very irregular, so much so that I found it difficult to determine how frequent it was; it ranged from 60 to 68. Now and then there was a halt, or else a series of regular beats, followed by a series of irregular beats. Physical examination showed that the impulse of the heart was moderately forcible, and could be felt in two intercostal spaces. The area of percussion dullness I found to be increased, and then I came upon these curious physical signs. At or near the apex I could distinguish a murmur, chiefly systolic, but at the end of this murmur, and sometimes taking the place of the whole murmur, I heard a low, muscular sound, which was transmitted to the

aortic orifice, but which grew fainter and fainter as the apex was left. And then I noted another murmur following the systolic murmur, or at least, preceding the next systole. There is, in fact, a double murmur, whose seat of greatest intensity is at or near the apex. Neither of these murmurs are transmitted into the arteries of the neck; neither of them is to be heard in the brachial artery. I can distinguish, as I listen now, a second indistinct normal sound at the base of the heart; it is more indistinct at the right than at the left base. Sometimes the musical murmur is loud; sometimes it is a mere echo of the murmur at the end of the cystole; sometimes there is nothing but a musical murmur to be heard. In any case it is strictly systolic. We have very plainly an intricate cardiac case with a musical murmur. As my assistant happens to have a sphygmograph in his room, we will see if this irregularity of the heart's action can be detected in the tracings of the radial pulse. Yes, here is the cystole, and here the long, irregular diastole. Very few of the beats, as we have them mapped out on this slip of paper, are equal in length. Musical murmurs in heart disease are rare. When they are as distinct as the murmur is, they are particularly rare. A musical murmur in heart disease is the easiest of all murmurs to recognize. It is so much like a cooing chest-rale that we are very apt to overlook the murmur, and mistake what we hear for a breath-sound. The error may always be obviated by telling the patient to stop breathing, when all respiratory sounds will cease, while cardiac murmurs will persist; as I have done this upon several occasions, there is no doubt that the sound comes from the heart in this case. These musical murmurs in the heart sometimes take the place of the whole murmur. At other times the murmur begins rough, but winds up musically. In other words, there are times in which the musical murmur takes the place of all other sounds, and other times when it is only a musical ending of the murmur which we hear. These musical cardiac murmurs have given rise to a great deal of discussion. By some authorities they have been regarded as significant of some special form of disease of the heart. They have been thought to be invariably indicative of a contracted aortic orifice. Again it has been held that this musical murmur can only be produced by rigidity of the valves, due to atheroma, or some other cause, or by something vibrating in the current of the blood, such as a detached portion of the valve or a fragment of heart muscle torn loose or a vegetation springing from the valve. With regard to the first point, I can tell you positively, and this case alone will serve as a standing proof of what I say, that musical murmurs are not limited to cases of aortic stenosis. On the other hand, the explanation which says that the murmur is due to something vibrating in the blood current is correct, certainly in a vast majority of instances. In most cases when I distinguish this musical murmur, and particularly when I find it present in mitral disease and limited in the apex, I make the diagnosis that there is some portion of the valve or something springing from the valve, vibrating in the blood current. I shall not dwell at all upon the secondary diastolic murmur in this case, showing change at the orifice itself. But before dismissing the subject, since these cases are rare, I may refer to the statement made by some that a musical murmur may be the result of anæmia. I cannot recall a single persistent cardiac musical murmur which was anæmic. The statement is based upon a mistake. There are anæmic musical murmurs heard sometimes in the vessels of the neck, but I am speaking of those cases where they take place in part, or entirely, of all the abnominal heart sounds. A musical murmur may be either due to narrowing of the orifice or to something flapping in the blood current. The explanation which limits it to cases of narrowing of the aortic orifice is, as already said, not correct. How are we to distinguish the musical murmur attending disease of the aortic orifice from what we have in this case? In disease of the aortic orifice the musical murmur is transmitted into the arterial tree, can be heard over the brachial femoral and carotid arteries. You may remember then that this extension of the sound is always in favor of its arotic origin. There is no extension of the sound in this case. Do these musical murmurs disappear in time? Are they always like chest râles, or do they finally give way and grow rough and harsh? I have had occasions to watch murmurs of this kind for years, and I have known them to disappear. One case, in particular, I give that of a patient of mine a young lady from the western portion of the state, who pays a visit to this city every year, and whom I have had under my eye ever since she was eight years of age. She is now eighteen years old. Ten years ago she had most marked signs of organic heart disease as evinced by a musical murmur. This murmur has been growing less and less each year, until the last time she was in the city I examined her closely and found that it had entirely gone. We are therefore supported in the assertion that a musical murmur may disappear in the process of time. This brings me to a discussion of the question of treatment and this is not so important a matter as it is to discover what particular state of the walls of the heart is associated with the valvular disease. Here we have associated with the mitral disease a moderate amount of dilated hypertrophy, or rather of dilatation with but a slight increase in the muscular structure of the heart. The patient's heart is feeble, and often struggling, while his pulse as I have already pointed out, is at times singularly irregular. The chief indication here is to strengthen and secure rest for the muscles of the heart. Our treatment has therefore been consisted in the conjoined use of digitalis and belladonna, with the purpose of strengthening the ventricles. We have given gtt. j, of the fluid extract of digitalis, and gtt. j, of the fluid extract of belladonna thrice daily. Under this treatment the heart has grown strong, and its impulse become more regular. The patient's pulse is better, and his color improving. The signs of dis-

turbed pulmonary circulation have disappeared. The musical murmur, though still perceptible, is not so loud as it was at first.

Selections.

On the Occurrence of Suppuration Independent of Micro-organisms.—The question, can suppuration occur independent of micro-organisms, forms the title of a valuable paper in the October number of Virchow's *Archiv*. The author is Dr. Uskoff of Cronstadt. He shows how unsettled are opinions on the subject up to the present time. Referring to Dr. Ogston's researches, he bears in mind the fact that bacteria could not be discovered by that observer in cold abscesses; this, however only implies sterilisation of the pus, and, therefore throws no light on the share which organisms might have taken in the formation of that fluid. With the assistance of the Dr. Ponfick, Dr. Uskoff has made a series of experiments. Various mechanical and chemical irritants were injected into the subcutaneous cellular tissue of dogs. The seat of injection was previously shaved, washed and punctured with a knife cleaned in carbolic acid. After from three to five days, a piece of skin and subcutaneous tissue was cut away, a short distance from the seat of injection. The fragment was then hardened, stained, and examined microscopically. The fluids employed were distilled water, boiled and cooled before use; milk, first boiled and then filtered, whilst still hot, through blotting paper: olive oil, also boiled before injection; turpentine; oil and turpentine; carbolic acid and turpentine; and, lastly, pus.

Injection with distilled water was followed in two cases by complete healing and absence of pathological appearances; in others by small abscesses, sometimes invisible to the naked eye: their pus contained micrococci. The milk-injections gave similar results. After injection with oil, abscess, with pus containing organisms, formed in several cases.

The results of injections of turpentine, oil and turpentine, and carbolic acid and turpentine, were most interesting. Large abscesses frequently formed, or pus appeared freely diffused in the tissues; but, except in one very doubtful case, no micrococci could be discovered, though, in one instance, these organisms swarmed in the pus, flowing from the wound produced by the removal of the fragment required for examination a day previously. Hence, concludes Dr. Uskoff, we may safely attribute the suppuration to the irritation of the injected turpentine. After the injection of pus, when the fluid was taken from the dogs upon which turpentine had been employed for these experiments, suppuration followed in two or three cases, but bacteria were found in the pus. This pus was at once injected under the skin of the two dogs, with no result. Some more pus from one of the dogs, where turpentine had been employed, was exposed for four days in an open watch-glass till all odor of turpentine had disappeared and organisms could be found. This pus was injected, but the wound healed at once.

Considering these results, including certain details not given above for want of space, Dr. Uskoff ends by noting that non-irritant fluids, when injected, produce no suppuration if employed in very small quantities. But violent inflammation, with formation of pus, follows their injection in greater quantity, or repeatedly, though in small quantity, in the same spot. Ordinary pus from absecsses, even when containing bacteria, is non-irritant when only a gramme or two is introduced into the wound. Turpentine always causes violent suppurative inflammation, and, at least when that fluid is used pure, no organisms are to be found in the pus. Injection of a quantity of any fiuid, however bland, tears up the tissues, even when gently introduced. The presence of bacteria in pus produced by injection of the non-irritants employed for these experiments, might be due, according to Dr. Uskoff's opinion, to the great difficulty in disinfecting such fluids before use. He still admits that micro-organisms are the cause of many cases of suppuration, but, as his experiments prove, they are by no means the invariable primary agents in that process; indeed, they may take no share in it at all, for the most violent suppuration may go on without them, and be traced, by experimental proof, to severe chemical irritation, especially when accompanied with mechanical damage to the tissues.—*London Medical Record.*

The Iodoform era in Surgery.—In an address, delivered not long ago, by Professor Podrazky, before the Vienna Society of Military Surgeons, a new epoch in the treatment of surgical diseases is announced. The epoch-maker in this case is iodoform, and its introduction is held to be as great an advance as Listerism ever was.

The use of iodororm in the treatment of wounds undoubtedly deserves the careful attention of surgeons. The uses of this drug in dermatology, syphilis, and gynecology, are well known, and its value here is a thing quite apart from the recent application of it to surgery. It is hardly two years ago since Mosetig called attention to the value of iodoform in the treatment of unhealthy wounds with fungous granulations, of tuberculous and scrofulous ulcers, cold abscesses, etc. In the first part of 1881 he announced remarkable results from its use in amputations, resections, as well as in various other surgical conditions. The new treatment was adopted by Billroth in his clinic, and it soon spread to other hospitals. It has already been introduced into New York, and is employed in several hospitals here.

The method of using the iodoform dressing is quite simple. The wound used to be quite filled with the pulverized drug. At present, however, instead of this, iodoform-gauze is employed. This is covered with cotton-batting, and the whole enclosed and made air-tight with gutta percha paper. In cases where there are fistulæ, crayons made of iodoform and gelatine (one part to two), or of iodoform and tragacanth, are inserted.

The advantages claimed for this method of treatment are: that it is absolutely aseptic; there is no formation of pus, as a rule, but only a serous secretion, such as is found under the Lister dressing; that it is simple, cheap, and convenient; the bandages can be left on eight, fourteen, or even twenty days, without harm; it is, thinks Podrazky, the ideal antiseptic dressing for armies; that no drainage is needed; that the iodoform has an anodyne effect; that it secures, in fact, all the advantages of perfect asepsis without the inconvenience, expense, or liability to failure, which belong to Listerterism proper.

One inquires, naturally, what are the evidences to substantiate such claims. These cannot be given with any completeness. In a recent article in the

Archiv für klinische Chirurgie, Dr. Mikulicz gives the results of the treatment in the Vienna General Hospital, under Billroth. These results are very favorable. Three sets of cases are given: one in which fresh wounds from injury or operation were treated; a second, including septic, or gangrenous or diphtheritic wounds; a third, including scrofulous ulcers, caries, and necrosis of bones. (The treatment is not applicable where first intention is desired.) The total number of cases reported is thirty-two, which represents only part of those thus treated.

There have been other contributions to this subject, but the tenor of them has been to confirm the statements first made by Mosetig.

The physiological action of the iodoform has been investigated by Binz and Högyes, its toxicology by Oberlander, its antiseptic powers by Mikulicz and Panerth. Iodoform, when applied to fresh tissues, is very quickly absorbed, being probably dissolved in the fat of the tissues and blood. It reappears in the urine and saliva often within from three to six hours. Iodoform is said to be in part decomposed when applied to fresh wounds. It contains 96.7 pes cent. of its weight in iodine, and this is set free. In its nascent condition the iodine is powerfully antiseptic; yet iodoform is not antiseptic except when it is constantly supplied directly to a tissue. It is then very active indeed; but wounds must be kept well supplied with it. These are the conclusions drawn from Mikulicz's and Panerth's experiments.

That there is some danger connected with this mode of treatment cannot be doubted. Iodoform in large amounts (gr. xxx.–xl. per day) produces toxic symptoms: headache, muscular twitchings, malaise, vomiting, intoxication, and delirium. Persons who have been thus poisoned generally recover in a week or two. Since its use in the Vienna Hospital, several slight cases of poisoning have appeared, and one fatal case. This last was that of a weak child with a cold abscess, in which forty grammes (3 x.) of iodoform were placed. Podrazky has, however, used fifty grammes upon a wound after operation, with no toxic symptoms. The use of iodoform-gauze lessens the amount of the drug needed, and it seems probable that, with any reasonable care, the danger of getting toxic effects will be very slight.

There are some individuals, chiefly women, who have an idiosyncrasy against iodoform. This, it is suggested, may be due in part to its disagreeable smell. The odor of the drug cannot be disguised without effecting some chemical change. Peruvian balsam is probably most efficient, but this addition is a stimulating and irritating one. The essential oils have very little effect. A mixture of equal parts of iodoform and tonca bean is perhaps as good as anything. The Germans speak slightingly of the odor as a thing of small importance, and, on the whole, not particularly displeasing to Teutonic nostrils. The American patient does not adapt himself to bad smell so easily. Nevertheless, if iodoform is at all what is claimed for it, we can easily forgive its offense to the special senses. It should be given a thorough and careful trial.—*Med. Record.*

Sulphide of Calcium in Strumous Ophthalmia.—The good effects resulting from the use of sulphide of calcium in the sores of scrofulous children, and in other affections associated with this diathesis, have been particularly insisted upon by Ringer. It is now my purpose, however, to speak of its value in "strumous ophthalmia." Under this head I allude to phlyctenular and pustular conjunctivitis and keratitis, the characteristics of which I need not further mention. In many of these cases, when other remedies have been used for some time with little or no benefit, the sulphide of calcium has proved of great service. I do not know if it has been much, if at all, recommended in this class of cases, but I was led in the outset to employ it by noticing its beneficial effects in other scrofulous affections, and this especially in the practice of my friend, Dr. Dyson.

The sulphide will be found particularly serviceable in those cases of children with manifest strumous habit, enlarged cervical glands, swollen face, the eyelids tightly closed, photophobia, and where, on opening the eyes, a gush of hot tears is emitted, and examination of the ocular surface discloses one or more phlyctenules on the cornea, or it may be merely increased vascularity of conjunctiva. These cases treated by the ordinary constitutional and local remedies are often tedious, but with the sulphide of calcium, coupled with the usual applications to the eyes, such as atropine and warm fomentations of poppy, or what not, frequently quickly yield a happy result. In other cases also of phlyctenular conjunctivitis or keratitis, and not alone in children, the good effects of this medicine are conspicuous. Of course, like all other drugs, it will be hardly likely to be suitable for, or to benefit, all cases, but I have now employed it with good results so frequently that I am quite satisfied as to its being a useful remedy. After little or no benefit with steel in its various forms, and codliver oil, the rapid recovery often after the substitution of the sulphide has been astonishing. The mode of administration is generally in the form of a powder, and from gr. 1-10 to gr. ¼ of the sulphide, with a few grains of sugar of milk, are given about three times daily. In this way children take it readily.—Simeon Snell, in *The Practitioner.*

Excision of the Knee in Early Life.—From a paper on this subject, Dr. Wm. Stokes draws the following conclusions:

1. Excision of the knee should not be looked upon as a last resource, but should be undertaken, if possible, before any profound organic changes take place.
2. Expectant treatment, to be efficient, must be undertaken at an early stage of the disease, and extend over a period of at least two years.
3. No better result than ankylosis can be looked for by this method.
4. In a patient with predisposition to secondary tuberculous developments, the possibility of the recurrence of the disease after expectant treatment must be borne in mind.
5. In cases attended with prolonged suppuration, the chances of the occurrence of visceral, especially renal disease, must not be lost sight of.
6. Where the skin is unbroken, the disease limited, an efficient method of fixation applied, and a rigid system of antiseptic dressing of the wound adopted, primary union may, in the majoriy of cases, be anticipated.
7. When these latter conditions are fulfilled, excision of the knee-joint cannot be longer regarded as the formidable procedure it was formerly held to be.
8. The alleged unfavorable results of excision of the knee-joint in early life are opposed to more extended clinical experience.—*Brit. Med. Jour.*

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Editorial.

The Trade-Mark Fight.

The *New England Medical Monthly*, for February, contains a singularly spirited, not to say rabid, communication from the pen of Dr. Horatio R. Bigelow, of Washington, D. C., on "Physicians, Pharmacists and the *Therapeutic Gazette*." The profession of this country must, by this time, be tolerably familiar with Dr. Bigelow, for during the past year he has occupied much space in many of the medical journals with his advocacy of the salutary nature of the system of copyrighted trade-marks, in so far as the same is applied to medicinal compounds, and has strenuously defended the granting of certificates for publication to the value of such by the regular practitioner. While we, individually, have not been able to reach the conclusions to which his arguments would lead us, we are nevertheless still open to conviction, and have read his communications on the subject with much interest; we have admired his skillful massing of his forces and the verve of his onslaught. In view of the discrepancy which has of late years existed between the specific declarations of the Code on this matter and the practice of certain prominent members of the profession who have subscribed to that instrument, the question is one of quite unusual professional interest. We are not of those who consent to regulate their faith by dogmatic rule and the simple fact that the Code of Ethics, adopted as it was some thirty years ago, declared so positively against the system of trade-marks, is not in it self sufficient to convince us that the system is wrong. *Tempora mutantur et nos mutamur in illis.* Ethics are very relative in their nature, and their history shows that what was proper in one age is very improper in another. This much, however, we do insist on, and that is that so long as a man deliberately subscribes to an article of faith, so long should he conform his conduct thereto. A dead letter law is extremely demoralizing in its tendency. If changes in time and circumstances have rendered a law unjust or oppressive it should be repealed or modified to meet the newer condition of affairs. Law is but the expression of the sentiment of the better class of the community on a given subject, and if the sentiment of the profession on the question of trade-marks have changed during the past thirty years, it behooves the representative association to correspondingly change the Code. But how is professional sentiment to be determined? Manifestly in no other way than through free and open discussion, pro and con, of the question at issue. As long, therefore, as Dr. Bigelow confined himself to this subject we read his communications with interest and gave his arguments due consideration, but we regret to notice that he has in his latest article forgotten the the inherent principle at stake and has branched off into irrelevancy and personal allusion to certain opponents of his views. This is a fatal mistake. The cause which is not inherently strong must, in conformity to the law of the survival of the fittest, succumb, and though it may be stimulated by personal reference and innuendo the stimulation must, according to fixed law, be followed by corresponding depression.

The specific point in Dr. Bigelow's article, referred to, is the accusation brought against Messrs. Parke, Davis & Co., that it was they who secured the introduction of the Richmond resolution, that they did so from sinister motive and that to secure its passage they sought to bribe the members of the Association with "free cigars, free rum, and free everything, including castor oil capsules and mineral waters in the morning." We are in no sense of the term an apologist for our townsmen, but we are moved by a simple sense of justice and we believe, too, on behalf of the medical profession, to enter our protest against all such unfair, ungenerous, and not to say unmanly insinuation. It ill befits the dignity of the cause, and is a reflection not so much on the party offering the so-called bribe as on the five hundred gentlemen who registered their names as visitors to the display made at their rooms by Messrs. Parke, Davis & Co., and who on the occasion partook of the hospitality of the firm. We were not present at the Richmond meeting but have no doubt that visitors at "the best rooms at the leading hotel at Richmond" where Dr. Bigelow reports that P., D. & Co., held their display, were cordially received, and we shall not attempt to either palliate or deny the atrocious crime that in an adjoining room there was a free box of cigars and hard by a "little something to drink." Individually we have very decided views on the subject of "free cigars and free rum," (rum being a generic term for the sundry potables dispensed on certain occasions) and deliberately set our face against them. Notwithstanding this, however, we know gentlemen, in the profession, too, and true gentlemen when adjudged by a standard to which Dr. Bigelow himself would scarcely take exception, who will smoke a free cigar and take a free glass of "something," and at the same time never suspect that in so doing they are giving in exchange their manhood. Unfortunately the hospitalities dispensed at the annual meeting of the American Medical Association

are all free, and though the gentlemen who have partaken of them (and they all do), invariably yearn to pay their hosts for them, they are never permitted to do so. A doctor from Chicago at the time the Association last met in this city (in 1874), asked the gentleman at whose house a reception was held one evening, how much his bill was for the oysters and fixings. The gaze with which the request was met was scarcely less awful than that which would have shot forth from the oculars of any of our New York friends had a similar request been made of them after their princely hospitality, when the Association met there in 1880. This hospitality is, of course, all wrong—very incorrrect indeed—but it is the custom, and we must defer to it. It gives the æsthetic, and scientific, and ascetic young man out west the opportunity to call the Association "a huge junketing party," and that it is a very opprobrious epithet to hurl at it. The ideal Association will have none of it in theirs, but will during the day meet within bolted doors, and devote themselves purely to science, and at night the wearied savants will retire to virtuous couches, with nothing stronger than aqua fluv. on their blessed stomachs. In that day (somewhat in the remote future we fear, although we are laboring to curtail the interval of its dawn), the party who shall offer to "bribe" with cigars, or oysters, or ice cream, or "rum," will be petrified on the spot with the Medusa stare of the immaculate scientist.

But seriously does Dr. Bigelow really mean what he says when he charges this attempt at bribery at Richmond? If he does, the charge implies either that Messrs. Parke, Davis & Co. are fools, or that the gentlemen who partook of their hospitality are cheap cattle indeed. But even he will scarcely admit either of these legitimate deductions, and if he does not, we are forced to the conclusion that his screed is a piece of illnatured prevarication. Let him choose as between the horns of this dilemma.

But the baselessness of his charge should have suggested itself to Dr. Bigelow had he given the matter the slightest reflection. In the first place, the resolution was introduced by Prof. E. S. Dunster, of the University of Michigan, to the section on Practice of Medicine, and by that section referred to the general session. Dr. Bigelow will scarcely have the temerity to charge before the medical profession of this country that Dr. Dunster was a party to any dishonorable scheme, or that the section on Practice could have been thus duped. In the second place, the resolution itself is a sufficient refutation of the charge of selfishness against any one who may have been instrumental in its introduction. In the third place, the matter cannot come before the Association for action, and Dr. B.'s charge that every one who partook of P., D. & Co.'s hospitality "was requested to aid the adoption of the resolution," is absurd on its very face. The resolution from its very nature must, and without discussion, be referred to the Judicial Council, and the report of this Council is final. All attempts, therefore, to bribe members of the Association, who are not also members of the Council, was just so much wasted energy. This Council consists of twenty-one members, and over five hundred partook of "free cigars, free rum, and free everything." The wise man, with bribery in his heart, would have concentrated the energy expended on the five hundred, on the twenty-one whose votes alone could count. In the fourth place, the resolution could not, under the rules of the Association, be acted on at Richmond, but must lie over until the St. Paul meeting, this year. P., D. & Co. must have known all this, if they were instrumental in having the resolution introduced, and if the object of their hospitality was bribery, one would have thought that they would have deferred operations until this year's meeting and thus not afford the "bribe-takers" an opportunity to reflect on the enormity of their offense, and to repent against the time for action.

The whole tenor of Dr. Bigelow's latest effort vests it with a *soupçon* of something else than an unadulterated love for principle. There runs through the woof of it a thread of suspicious color and fibre, which must seriously affect the value of the article in the eyes of the keen professional observer. This suspicious thread will doubtless be subjected to a careful analysis before the fight is over.

Sea-Sickness.

The condition expressed by this caption is not so much a disease as a disorder, and has no special interest for inland practitioners of medicine. However it is within our province to discuss its nature when any new views are advanced regarding it. Dr. Stocker, a medical officer of the Cunard line contributes to the *New York Medical Journal*, for February, an article upon the subject. His views are not very clear and it is somewhat difficult to arrive at a definite idea of his theory. Certain diseases, he says, so affect the system as to give immunity from subsequent attacks, so it is with sea-sickness. The pneumogastric nerve is an interesting one and is the key to the explanation of sea-sickness. The stomach sympathizes with the senses—curious fact—the heart and lungs with the emotions, the ideas and the intellect. This nerve plays an active part in the expression of disgust which results in vomiting. The expression is excited by impressions upon the senses and intellect, and the sense of passive motion. Sea-sickness is like the *mal des montagues*, with regard to the effect as well as the causes; which are irritation of nerve centers by ceaseless movement and other disagreeable sensations, and the sickening sensation of want of air. Taking all these things into consideration, the exhausted condition of the air, the continual movement of the body, the concussion and congestion to which various organs are subjected, the shaking up of the contents of the stomach, and all the unusual unpleasant impressions that assail the other organs of special

sense—the eye, the ear, the nose and even the tongue and palate—and knowing that sickness sometimes results from any one of them, we may find it difficult rather to account for its occasional absence than to understand its frequent occurrence.

And so on through ten solid pages of stupid drivel until this: "After all sea-sickness is but a form of passive indigestion, the result of a functional neurosis in which the pneumogastric nerve is either excited or depressed." The whole article reads like the thesis of a graduate in some down-east medical college, in which there is neither theory nor practice.

The truth is about sea-sickness that there is one element of causation: the sense of insecurity, in which is involved the feeling of apprehension, of doubt or fear, which is always overlooked in the choice of therapeutic agents. Remove this and the disorder is mitigated at once, as it is when the foot of the sea-sick person rests upon *terra firma*. When the materia medica can furnish a remedy which will fortify the mind and uphold the soul under the depressing influence of fear in its manifold forms, then and not till then, need we expect to have a specific for the dread malady of the sea.

Genital Reflex.

The Annals of Anatomy and Surgery, for January and Febuary, 1881, contains an able paper by Dr. Landon Carter Gray under the caption of "Genital Irritation." Dr. Gray discusses the question whether reflex paralysis is meant "one dependent upon irritation of some peripheral nerve either of the external or internal tissues which is attended by no structural alterations of the nervous centres visible to the microscope, and which is relieved by the removal of the irritation;" or in other words a reflex paralysis is functional and not organic and in this connection the genital irritation principally regarded is that arising from phymosis and preputial adhesions; the removal of the irritation consists of the operation for the cure of the phymosis and the breaking up of the adhesions. Strangely enough the operation is termed "circumcision," which is not a surgical performance in any sense but a rite of the Jewish religion. Dr. Gray sums up his conclusions as follows:

1. That there is no proof that genital irritation can produce a reflex paralysis.

2. That while it is probable that slight nervous disorders as incontinence, retention, difficult micturition, erratic movements, and slight nervous disturbances can be produced by genital irritation the proof is not yet complete.

3. That operations for the removal of genital irritation may be beneficial even in organic nervous disease.

4. That we should, therefore, remove such genital irritation, if it exist in any case whatsoever, and thus give our patients the benefit of the doubt.

5. That in all cases of nervous disorders with accompanying genital irritation we should not regard the latter as the cause of the former until all other probable or even possible causes have been rigidly excluded.

6. That operations upon the genitals, even when there be no genital irritation, may prove to be a useful therapeutic measure in certain cases.

Phymosis is a common affection and it is within the observation of most physicians that it may exist for years without exciting any reflex irritation. The foreskin may be contracted in every degree from the slightest to almost complete closure of the preputial opening through which the urine passes *guttatim*. Patients tolerate the affection because it gives them little trouble or uneasiness and because they fear the knife. Presumably it is to this class of cases that Dr. Gray's sixth conclusion is applicable.

If the fourth conclusion is to be adopted as a rule of procedure we fear that circumcision will sweep like an epidemic over the land and that every physician will have foreskins to exhibit as the evidences of his skill. The rabbis salt and dry them and string them together. We suggest this method of preservation to our brethren if they happen to become affected with the rage for "præputiotomy."

Sexual Excess as Affecting the Eye.

Genital reflex assumes another form in an article upon "The Eye and Sexual Excesses." by Dr. Landesburg, in *The Medical Bulletin*, for January. The fact that excessive sexual indulgence causes certain disorders of the sense of sight is well known; amaurosis being the most common affection of the eye brought on by debauchery. But the subject is only alluded to in medical works in a vague and general way and receives little or no attention in treatises devoted to the diseases of the eye. Dr. Landesburg accounts for the lack of information by the scarcity of the material; by the rare opportunity for observation upon patients thus affected owing to their aversion to speak of their amorous feats, and by the vague ideas of so many people about what is permissible in the way of sexual indulgence.

The doctor places on record the few cases he has met with:

Case 1, was a young man of 19 a clerk, who was affected with asthenopia. Patient confessed that he had lived with two girls and had intercourse with either once or twice and sometimes even three and four times a day. Abstinence effected a cure.

Case 2, was a school teacher æt. 27 who had been married three months and had had connection with his wife two or three times a day more to satisfy her passionate demands than to gratify his own amorous desires. The eye affection in this case was weakness of vision only, and in addition patient complained of tinnitus aurium. His general health was also much impaired. Abstinence in this case effected a cure.

Case 3, was an engineer æt. 29, whose organ was

exceedingly large. He had been married ten months and had indulged his passion in the most immoderate manner with his wife, and other women. He was affected with complete amaurotic blindness.

The conjunctivæ were congested and patient complained of subjective perception of flashes of light and of colors. There was no self-restraint here, and consequently no result is recorded.

Case 4, is the case of a female in whom excessive venery caused œdema of the eyelids and congestion of the conjunctivæ.

The nervous phenomena mentioned as due to the sexual excesses in these cases are often due to other causes,and it will not do ascribe them in all instances to this cause. They frequently occur in connection with or as complications of other diseases and have come to be regarded as part of a general condition. The record is interesting because the close connection in the cases cited between cause and effect, is fully demonstrated. But we dissent from the idea that patients are averse to talking about their feats in this line; on the contrary they are very apt to boast of their performances as evidence of great virility. The general experience is that the amorously inclined seldom surfeit of indulgence and only give over when their powers cave, while common observation supports the view that many persons indulge in sexual congress quite as freely as those whose cases are given here and suffer no evil effects from the excess. The natural instincts of humanity, however, prescribe the decent and permissible amount of sexual intercourse and preserves the average human being from bestiality.

The Prevention of Syphilis.

Dr. J. William White prepared, at the request of the Philadelphia County Medical Society, a careful and elaborate address upon the subject of the pre-prevention of syphilis by legal enactment providing for the inspection and sanitary supervision of prostitutes. He discusses the subject (*Phila. Med. Times*, Jan. 14) in a scholarly manner and quotes the newest and most enlightened opinion on the matter. The chief points that he makes are:

1. In syphilis we are dealing with a disease of great antiquity and one having no tendency to become extinct, but on the other hand, likely to continue indefinitely.

2. That this disease already affects an almost incredible number of the population, and that by means of its many forms of inoculation and transmission it is rapidly spreading still farther.

3. That the existing means for its treatment among the poorer classes are lamentably insufficient and that the establishment of institutions for that purpose or the endowment of special wards in our general hospitals is a measure eminently worthy the attention of the public spirited and benevolent.

4. That its common mode of propagation is by irregular or illicit sexual intercourse and that therefore we should turn our main efforts at prevention in this direction, while endeavoring at the same time, and in every decent and proper manner, to guard the community at large from the effects of ignorance.

5. That prostitution, arising in response to the demand for this illicit indulgence, has, like syphilis, existed from time immemorial and is not likely to disappear.

6. That prostitutes themselves need protection and have claims on the humanity of the law.

7. That by means of supervisory legislation and control of prostitution the unlawful sexual commerce of the world may most readily be restricted and the spread of this disease prevented.

8. That there is sufficient evidence to prove that such control and restriction, though surrounded by difficulties, are yet possible, and that the advantages to be derived from them are definite and highly important.

We are not disposed to take a pessimistic view of this subject but are inclined to the opinion that no effectual legal measure can be devised to restrain sexual commerce or to prevent the diseases which spring from it. The ranks of the syphilitic are not recruited from the large cities alone, for there is scarcely a village in the country but furnishes its focus of infection and its quota of victims. So that any measure which has for its object the regulation of prostitution must provide for one or more sanitary inspectors in every township, in order that the supervision should be effective. Prostitution will most probably always be tolerated as a necessary evil and the schemes which contemplate supervision of its sanitary features will be regarded as quixotic; especially so when as in this case, the undertaking assumes "to restrict the unlawful sexual commerce of the world."

Moral Insanity.

The existence of moral insanity is disputed by certain alienists who assert that the phrase is simply another name for wickedness or "devilish depravity." Others contend that perversion of the emotional nature of man is a distinct affection and that it can be present in various phases without any upsetting of the intellectual faculties. Upon this latter side of the question we find a forcible statement of his views by C. H. Hughes, M. D., in *The Alienist and Neurologist* for January. He instances as cases of mental subversion without perversion the disorders of fainting, epilepsy, chorea, etc.; the morbid states due to pregnancy and the puerperal condition; and the disorders of mind caused by reflex irritation, and argues that if reflex insanity be conceded, the possibility of insanity not the result of reason perverted by disease, must be admitted. The distinction drawn as between moral and mental insanity is that while mental insanity is to be regarded as a cerebral disorder or disease in which the intellectual

disturbance is primarily due to the brain lesion, moral insanity must be looked upon as a ganglionic disorder, caused by some form of gangliopathy, i. e. an abnormal state or condition of the ganglia. This view makes the brain the seat of intellection and all that is involved in the term, and the ganglia the seat of the pschycical or emotional portion of man's nature, which includes the moral feelings. Hence it must appear that religion is a matter of the nerves and that the person who is converted undergoes a change of ganglia. It will follow then that all human conduct as regards its moral aspect, whether good or bad, is a manifestation of the state of the ganglia. The normal or healthy condition of these nervous organs will be evinced by uprightness and goodness, while their perverted condition will be made to appear by acts of wickedness and depravity. If this view is correct vice and all badness are the evidences of a moral insanity as well as the instances of emotional or affective perversion cited by Dr. Hughes. The dissension in the ranks of the alienists can then be closed up by coming to an understanding on this point. The dispute seems to be one as to the meaning of terms, and if the difference as to words can be explained as an identity of ideas the question can be easily settled.

Dr. Hughes is solicitous that the morally insane will not be justly dealt with in the courts unless their true condition is recognized by science. If these views prevail and are carried to their ultimate extent it will result that a plea of moral insanity would shield any criminal; their logical enforcement would prove disastrous to the rights of the sane. The truth will be found on a middle ground. The question is an interesting one and concerns the profession not only as physicians, but as scientists, humanitarians and moral beings.

Miscellany.

MICHIGAN COLLEGE OF MEDICINE. — SESSION 1882–83.—The following is a list of the Questions submitted to Graduating Class at Spring examinations, 1882:

THEORY AND PRACTICE OF MEDICINE. BY PROF. H. F. LYSTER, M. D.

1. Definitive description of Enteric or Typhoid Fever?

2. Definition of Dysentery; varieties, prognosis and treatment?

3. Chronic Ulcer of the Stomach and Duodenum; symptoms, morbid anatomy, course and duration; diagnosis, prognosis and treatment?

4. Peritonitis; definition, symptoms, varieties, diagnosis, prognosis and treatment?

5. Bright's Disease: classification, course, symptoms, termination, and treatment of acute form?

6. Describe the several kinds of kidney found in chronic Bright's Disease.

7. Give differential diagnosis and the prognosis and treatment of the following cases:

You are called Monday at 4 p. m., (July), and find the patient, a boy of 16 years. During the week previous he had been very actively engaged at athletic games, particularly base ball, and had been in swimming several times. On Sunday he had been very quiet, reading all day in an easy chair. On Monday he had complained of some pain in the abdomen, once or twice, and a loss of appetite and nausea. You find his extremities cold and clammy, and the wrist almost pulseless, or at least with a very feeble and compressible pulse; the abdomen slightly tympanitic and round, but not distended, only slightly sensitive to pressure; facial expression worn and anxious, sunken eyes, voice weak, intellect clear, temperature 102°; vomits promptly after taking a swallow of tea; stimulants do not strengthen the pulse; becomes restless; followed by vomiting of a large quantity of black or coffee-ground fluid.

8. A woman of 48 years of age, who has not passed the climacteric period, and who presents a pale and waxy looking skin, and who is rather inclined to *enbonpoint*, has been troubled with a bronchial cough for some months, which instead of yielding to medicines, has gradually grown worse. She expectorates freely, coarse mucous rales are heard over a large portion of the chest, with an appreciable dullness, of the lower lobes of both lungs. She has frequent nausea, a loathing for food, and can hardly be tempted to eat the most dainty dishes; she complains of extreme weakness, great wakefulness, disturbing dreams when asleep, anxious and restless, apprehensive, dissatisfied with everything; occasionally has a good day when least expected; eyelids puffy, and a suspicion of anasarca presents itself; later this symptom is shown by increased swelling of ankles and feet.

9. A young man of 20, after complaining for several days of lassitude and disinclination for work, was taken with a very severe chill, lasting nearly an hour. This was followed by a very high febrile movement, temperature reaching 105°, marked congestion of face, respiration 46, pain in right axilla and epigastric region, restrained cough, dry crepitant rales over lower lobe of right lung; exaggerated respiratory murmur over left lung.

10. A man of 55, slightly jaundiced conjunctivæ, somewhat full habit, quite pale complexion, skin dry usually, complaining of dyspeptic symptoms, peculiar in his taste for food, using whisky and water rather freely at dinner and before going to bed, complains of great pain in stomach at times, which stops him in his walk and makes the perspiration come out in large drops for a few moments; a few months or a year or two later, free hemorrhage occurs from stomach, ascites supervenes and reaccumulating after tapping; loss of appetite, wakefulness and general exhaustion appear gradually, with delirium at times, particularly at night.

MATERIA MEDICA AND THERAPEUTICS. BY PROF. J. J. MULHERON, M. D.

1. Give the pathological conditions of coughs and write a prescription for the relief of each.

2. Mention a nervous sedative and give its origin, pharmaceutical preparations and doses.

3. Mention a general stimulant and give its origin, its physiological action, and therapeutic uses.

4. Classify iron, quinine, opium, mercury, and lead, and give three pharmaceutical preparations of each with their doses.

5. Give the origin of Jaborandi, its physiological action, pharmaceutical preparations and doses, and its therapeutic applications.

6. Give the origin of Ergot, its physiological action, and therapeutic applications.

7. Give the physiological action of Belladonna and the particulars in which it differs from the physiological action of Opium.

8. Mention the two conditions to which fever is directly due, and write a prescription for each.

9, Give rules for the use of acids and alkalies in dyspepsia.

10. Point out the errors in the following:

℞ Tr. ferri muriatis, ʒ iij.
Strychniæ sulphatis, grs. vj,
Acidum nitrici dilutum, ʒ ss.
Tr. Catechu, ʒ j.
Sodii bicarbonas, ʒ ss.
Syrupi, qs. ad. ʒ iij.
M. Sig.—A teaspoonful every 3 hours.

PART I. INORGANIC AND MEDICAL CHEMISTRY. BY PROF. J. C. CLARK, M. D.

1.—What is an element? An atom? A molecule? Explain the difference between a physical and a chemical change.

2.—What is atmospheric air? Name its chief constituents and their proportion by weight.

3.—What may be learned from the symbol H_2O? How is water decomposed? When does it boil?

4.—Name some of the physical and chemical properties of O. How prepared? How much O can be obtained from 122.5 grms. of $KClO_3$?

5.—What do you understand by the atomic weight of an element?

6.—Give rules for the diffusion of gases. Explain $Zn + H_2SO_4 = ZnSO_4 + H_2$.

7.—Name a source of danger from administration of the following:

℞ Hyd. Chlor. Mit.
Acidi Hydrochlor.

8.—Name the oxides of nitrogen, their symbols and molecular weights. Give formula for manufacture of NO.

9.—How does Cl. bleach and disinfect?

10.—$BaCl_2 + H_2SO_4 = ?$
$KClO_3 + MnO_2 + Heat = ?$
$CaCO_3 + H_2SO_4 = ?$

11.—What are the chief allotropic modifications of carbon? What results from the oxidation of carbon?

12.—Give formulæ of the theoretical manufacture of H_2SO_4.

PART II. MEDICAL CHEMISTRY.

1.—What is the color, odor, reaction and specific gravity of normal urine?

2.—What is the clinical significance of albumen in the urine? How is albumen detected?

3.—Give method for the quantitative determination of uric acid?

4.—Distinguish between mucus, pus and blood corpuscles in the urine.

5.—Give formulæ showing the manner by which CH_4N_2O becomes $(NH_4)_2CO_3$.

6.—In what forms of disease may we find sugar in the urine?

7.—Give symbols and classifications of the glucoses, sucroses, and amyloses.

8.—What is meant by the term cast, as applied to substances found in the urine?

9.—How many forms of casts may be found in parenchymatous nephritis?

10.—To what is the presence of CaC_2O_4, in urine due?

PUERPERAL DISEASES. BY PROF. C. A. DEVENDORF, M. D.

1. What do you understand by puerperal secondary hemorrhage?

2. Give some of the causes from which it may arise, and

3. Give treatment.

4. Define Involution; Sub-Involution.

5. Give different situations in which inflammation and abscess of the breast may occur.

6. Give treatment of glandular variety.

7. Treatment of puerperal peritonitis.

8. Describe fissured or cracked nipple, and

9. Give treatment.

10. Puerperal Albuminuria: symptoms?

SURGERY. BY PROF. J. B. BOOK, M. D.

1. Describe the process of healing by granulation.

2. Describe the process by which dead bone is separated.

3. What are the peculiar characteristics of malignant tumors?

4. How would you control the vessels in an amputation of the leg?

5. Describe the method of applying taxis in reducing a Hernia. What would contra-indicate its employment?

6. What are the symptoms of a simple fracture of a long bone?

7. In what affections of the lower extremity is shortening a marked symptom?

8. Give the symptoms of a dislocation of the shoulder backwards on the dorsum of the scapula.

9. State concisely the manipulation necessary to reduce a backward dislocation of the hip joint.

10. How would you dress a Pott's fracture of the fibula?

DISEASES OF THE EYE, EAR AND THROAT. BY PROF. C. J. LUNDY, M. D.

1. What is Ophthalmia Neonatorum?

2. What is its principal cause?

3. Give the diagnostic sign of Ophthalmia Neonatorum.

4. Give the treatment of Ophthalmia Neonatorum.

5. Define Iritis.

6. What are the principal causes of Iritis?

7. Give the differential diagnosis of Plastic Iritis.

8. Give the treatment of Plastic Iritis.

9. What are the diagnostic signs and symptoms of Acute Suppurative Otitis Media?

10. Give the treatment (prophylactic and curative), of Acute Suppurative Otitis Media.

DERMATOLOGY AND GENITO-URINARY DISEASES. BY PROF. C. C. YEMANS. M. D.

1. Name 1st, Anatomical layers of the skin. 2d, Appendages of the skin.
2. Give order 1 of skin lesions and give its genera.
3. Define Macula, Vesicula, and Pustula.
4. Describe Herpes and name the order to which it belongs.
5. Give the pathology of Acne.
6. Give 1st, Pathology of gleet. 2d, Treatment of gleet. 3d, Some results of gleet.
7. What is syphilis? 1st, Give its pathology. 2d, Give its physiology.
8. Define 1st, Stricture. 2d, Chancre. 3d, Chancroid. 4th, Bubo.
9. Why does varicocele occur most frequently on the right side?
10. Give treatment for 1st, Primary syphilis. 2d, Secondary syphilis. 3d, Tertiary syphilis and define the several stages above indicated.

PHYSIOLOGY. BY PROF. HAL. C. WYMAN, M. D.

1. What are the functions of the spinal cord, and how are they demonstrated?
2. What is the rapidity of the circulation of the blood, and how ascertained?
3. How are the causes of the heart sounds ascertained?
4. How does pressure on base of tongue provoke emesis?
5. How do you prove the existence of a respiratory center?
6. How are the functions of the sympathetic nerve ascertained?
7. Explain the mechanics of respiration.
8. How is micturition accomplished?
9. What are the functions of the liver and how ascertained?
10. What are the offices performed by the stomach?

DISEASES OF CHILDREN. BY PROF. CHAS. DOUGLAS, M. D.

1. Give the characteristics of a child inheriting the Tubercular Diathesis.
2. Give the important symptoms, seat of disease, tissues involved, and treatment in the Rheumatic Diathesis.
3. What are the causes, symptoms, location and treatment of Ulcerative Stomatitis?
4. Name the varieties of Croup, distinguish between them, including the prognoses.
5. Give the two leading varieties of worms infesting young children, usual locations, and treatment applicable to each.
6. What are the post mortem appearances found in the alimentary canal of children dying of cholera infantum?
7. Differentiate between an attack of Diphtheria and an attack of Croup.
8. Contrast the symptoms of Measles and Scarlet Fever.
9. You are called to attend a child 24 hours sick, greatly emaciated, restless, moaning, great thirst, vomiting very frequently and forcibly; large, colorless watery stools, extremities cold, temperature 104°. Diagnose the disease and give treatment.
10. A child has suddenly sickened, showing flushed face, great restlessness, rolling in bed, severe intermittent abdominal pains, nausea and vomiting, bowels constipated, intervals of complete rest. Give diagnosis, (with probable cause of sickness), treatment and prognosis.

MIDWIFERY. BY PROF. W. C. GUSTIN, M. D.

1. Name the female organs of generation.
2. What is the uterus? its object, its relations, how divided, size and weight?
3. What are the symptoms and signs of pregnancy, order of occurrence, and their value as such?
4. Describe the stages of labor and your duties in each stage.
5. What are the various causes of delay in labor and your treatment?
6. In what cases does post partum hemorrhage most frequently occur, its prevention and treatment?
7. Describe the Tampon and cases in which it is useful.
8. In what cases would you use Ergot?
9. In what cases would you use Chloroform?
10. In what cases would you use Chloral?

ANATOMY. BY PROF. D. LA FERTE, M. D.

1. Give branches of Brachial Artery.
2. Give branches of Femoral Artery.
3. What muscle is used as a guide in tying Brachial Artery?
4. What is Inguinal Hernia?
5. Describe Femoral Hernia.
6. Give origin and insertion of biceps muscle of thigh.
7. What bones articulate with the Parietal?
8. What passes through the foramen magnum?
9. Name vessels of the Liver.
10. Where is Meckel's ganglion situated?

PREVENTION OF CONCEPTION.—Dr. Phœbe French, Big Rapids, Mich., submits the following as a statement on this question from a woman's standpoint:

I have read with a great deal of interest, the various articles published in the NEWS on this important question, and have been waiting to hear some woman express her ideas on the subject. Not having heard from any one, I thought I must say a few words myself. While I cannot offer any better or more reliable means than have been already suggested for prevention, I still recognize the necessity of something of the kind. I agreed with Dr. Herrick that it is not women who practice prevention that come to us for gynæcological treatment, but those who are subjected to frequent childbearing

and frequent abortion. Also I have known a number of married women who never had borne children, who were well and healthy. Dr. C. Willston quotes from Dr. Wm. Goodell's address on the "Dangers and Duties of the Hour." I read that address, and I confess there were some parts of it that made my hair raise with indignation. We must have sentiment, but a little sense is a very good thing to take with it. That there is much of this so-called crime of abortion and prevention, to be attributed to the dainty dilletanteism of our women, I doubt. I do not think I ever heard a woman say she did not like or want children. I have heard many an overworked mother say she would not mind having a large family, if she could have time to take proper care of them, and enjoy them. But where one crowds the other out, they are all neglected. With Dr. Ambrook, I believe in quality rather than quantity; and the woman who bears and rears one good, sound, healthy child, has done more for the world than she who bears a dozen that have to come up any way they can get up. When men want to raise good animals, they take good care of the mother. The love of children is stronger in women than in men, and I have known women who practiced prevention against their every thought and feeling, because their husbands did not want children but who still would not deny themselves; and there is where I object to Dr. Goodell's article. He makes it optional with women whether they should use anything of the kind or not. I have had women come to me for advice on that very subject. Saying their husbands did not want children, and they were obliged to do something, and asking for better means, who said if they had to go on using such things all their lives, they would rather not be married. If such things shock the better feelings of men I think they are quite likely to have the same effect on women. Again Dr. Goodell says, "where she puts off an ardent husband to stated times and seasons, etc.," "would he not be tempted to go elsewhere, etc." That same cudgel has been held over the heads of women for ages. And women have sacrificed their feelings to the idea, until health and spirit both were broken, and uselessly, too, in most cases, for husbands who wish to go away from home, will go, in spite of all a wife can do. Strange that we never hear such an argument for the wife in case of any kind of disability of the husband. Another thing, I do not think women ever invented any of the so-called preventives. Perhaps you will say they never invented anything. But that is easily proved to the contrary. Battey's operation was not the brilliant conception of a woman's brain; no, that stupendous idea originated in man, like a good many others of the same sort. No matter if the victims all die, the operation is a success, and the only absolutely sure method of prevention, except the the same (or a similar) operation on the other sex. There was an article in the June 25th, 1881, number of the NEWS, which in speaking of this operation said that "unbridled licentiousness, without responsibility," was what American men had long been looking for, and it was thought they had now found just the idea, in "Battey's operation." Now I do not know whether this is so or not, am inclined to doubt it, but in view of all the other appliances for the same thing, from the same source, I do not know as I need to. This I do know, that when a man keeps a mistress, he does everything to make her happy and contented, and keep her in good condition. All I can say is that a moderate amount of that kind of treatment would bring back health and happiness to many a heart-broken wife.

THE EYES IN INSANITY.—*Lancet:* A truce to the nonsense, written and talked, about the "appearance of the eyes" as an indication of insanity. Excluding certain peculiarities with reference to the relative size of the pupils and the mobility of the irides, which, albeit they are not in the least degree understood even by the most erudite of experts, are commonly spoken of as pathognomonic signs of mental disease, there are *no* appearances of the eyes worthy of a moment's serious consideration in the diagnosis of insanity. The "wildness," "unnatural brightness," "restlessness," "dullness," "vacancy," &c., which are so frequently mentioned in certificates of insanity, are utterly valueless as evidences of mental unsoundness. If the Commissioners in Lunacy were not either experts—in asylum practice—or lawyers, we should find the majority of certificates in lunacy rejected on the ground of their utter worthlessness. There is incomparably more restlessness, vacuity, and the like in the eyes of the sane than in those of the insane. Ophthalmic investigations may be expedient, and, under certain morbid conditions of the brain, the deep structures of the eye may—though we cannot say must—furnish indications of disease. The pupils also may be affected; and, in obedience to the laws of blood-pressure, the eyeball may be turgid or flaccid, or it may, of course, be compressed or allowed to fall loose, and be more or less modified in its form by any morbid or disorderly action of the muscles that surround it when the patient is insane; but the conditions favoring these "appearances" are identical in the mentally diseased and the mentally sound. Speaking generally, the expression, not of the eyes alone or particularly, but of the face as a whole, is apt to be misleading in insanity. When a settled or formulated expression has become fixed or habitual, the case has reached a point of development, or exhibits other symptoms, which render the mere "appearance of the eyes" of little or no moment in the diagnosis; whereas, at the outset, when the discrimination is difficult, this so-called appearance is more likely to lead the observer astray than to enable him to judge the state fairly. We are strongly of opinion that the evidence of "the eyes" should be excluded from certificates, and disregarded by those who have to determine the existence or non-existence of insanity. The clinical investigation of mental disease is just as precise and elaborate a process as the clinical examination of a

case of physical disease. The scientific medical psychologist does not ask a few capricious questions, and either guess the state of the cerebrum or arrive at the truth by some intuitive genius. If he is what he professes to be, he tests each function of the brain separately, trying it by definitive tests and standards, and thus ascertain the condition of the organ as a whole. If science has not placed the brain on a footing with the liver and kidneys as regards the study of its functions, it has done nothing. It is important that this should be clearly recognized. In a word, psychology is *physiology*, so far as the physician is concerned; and no man can be anything else than a charlatan in mental practice unless he is a physiologist.

A New Therapeutic Agent.—*Le Petit Moniteur de la Medicine* reproduces the following report of a very unique case from *Charivari*, to which it gives the title "La filouts therapie" (Thefto-therapy). The title does not exactly suit our contemporary, but it is the most descriptive it has been able to construct:

A worthy citizen had been paralyzed for six years, during which time he was absolutely bedridden. At midnight recently he hears a noise in an adjoining room. He listens attentively, and the situation begins to dawn on him. There can be no doubt about it, burglars are at work on his strong box. The perspiration literally bathes him, and with one prodigious effort he leaps from his bed, and rushes to the scene of the burglary, crying at the top of his voice "thieves! thieves!"

The case is certainly a remarkable one, and should not be allowed to pass without practical deductions. "Thefto-therapy" is something new in medicine, and the range of its applicability has not yet been suspected. In the near future the despised thief and burglar may take his place among important scientific therapeutical agents. We have heretofore treated him as a pariah, but he is destined to take high rank as a public benefactor—dispenser of the priceless boon of health to valetudinarians. It remains only to graduate his applicability to the treatment of disease. For instance:

For a simple torticollis, a very mild attempt at thieving may be sufficient; for a lumbago, a simple robbery; for muscular rhematism, robbery with mitigating circumstances; for articular rheumatism, entrance of a house in the day time; for acute paralysis, midnight burglary; for chronic paralysis, burglary with entrance by means of a ladder. In extreme cases, burglary with attempted assassination. Imagine the sudden and beautiful therapeutic results of a thrust of a midnight assassin's stilleto! Properly utilized, the ruffian may be converted into a philanthropist.

Commencement Exercises.—The medical colleges of this city, the Michigan College of Medicine and the Detroit Medical College, held their commencement exercises on the 1st and 2d insts., respectively, the place of the holding of each being Whitney's Grand Opera House. In so far as eloquence in the addresses, profusion of flowers, ravishing music, and the attendance of the *elite* of the city, go to make occasions of this nature a success, the commencement of the Michigan College of Medicine was eminently successful. Gen. L. S. Trowbridge delivered the address to the public, and we exceedingly regret the lack of space, which prevents us from giving a verbatim report of it. It was an exceedingly happy effort, being replete with humor and sturdy common sense, and delivered with the fire of the born orator. Occasions of this nature are seldom enlivened with so much quaint humor, tastefully expressed, and made profitable with so much truth dispensed in such well rounded sentences.

The address to the graduates was by Dr. Wm. Brodie, Professor of Clinical Medicine in the College, and consisted of wholesome advice founded on a third of a century's service in the work which the diploma conferred qualified the young men to enter upon.

The evening concluded with a reception at the residence of Dr. Brodie, at which of eatables, drinkables and music there was no lack.

The following cable message was received by Professor Lyster, President of the faculty, from two of last year's graduates:

"Glasgow, Scotland, March 1.

Our congratulations to graduates. We have also just received our British degree.

Ross & Kaufmann."

The following is the list of gentlemen who received the college degree:

E. E. Bracy,	John McKerroll,
W. M. Catto,	R. R. Morrison,
Andrew Elliott,	E. A. P. Rikey,
John L. Farley,	F. W. Owen,
C. P. Frank,	David Robinson,
E. P. French,	C. A. Snyder,
Porter W. Felt,	C. R. Tschan,
Charles Hincks,	L. J. Utter,
Sanford V. Kline,	H. C. Judson,
G. W. Law.	H. S. Wyman.

We publish in this issue a list of the questions submitted to the candidates for graduation in the Michigan College of Medicine, at the examinations closing the session 1881–82. Each question was valued at 10, and a total percentage of 65 was necessary to success.

Through an unfortunate "*faux pas*" invitations to the Detroit College commencement did not reach a large number of the medical gentlemen of the city. Eleven graduates received the college degree on the occasion. The addresses, as we learn from the public prints, were delivered by Col. John Atkinson and Mr. D. Bethune Duffield. A banquet at the Brunswick Hotel closed the evening's programme.

Jaded Brains and Worry.—*Medical Press and Circular:* Is human life lengthened by modern sanitation; by our efforts to improve the dwellings of all classes; by the crusade in favor of fresh air and fresh water; by the vigorous propaganda of the press, and even the pulpit, in diffusing what is called health education? Who can doubt the answer? It is sung out in pæans of joy at each sanitary congress; so much is added to human life by the saving of infants' life; by the arrest of fevers of all classes; by the conservative surgery of modern times, and by the daring operations of our leading surgeons. There are, however, some pessimists—who have some truth on their side—who assert that all this saving is counterbalanced by the increased mortality, taking place from diseases of modern existence. What does worry mean? Is there such a thing? Is it a neurosis? The pessimist says it exists. He points to the jaded, over worked business man, who succumbs, at the age of 40 or 45, from some affection of the kidney, and he tells you that had it not been for worry this man would have lived to 70 or 80. But he has had to much to do. Anxieties of all kinds, pressure of bills, large financial operations, requiring great thought and great waste of brain power, have been entered into. Sleepless nights have followed with loss of appetite and dyspepsia and then kidney disturbance, with death, have put an end to all the useless strife for money or fame. He gives other instances from all classes of life, all proving that the pressure of modern times has a tendency to cut off, even in the prime of life; that jaded brains are produced, the churchyard reaping a rich harvest in consequence of this worry. He tells you. you save infant life—often not worth saving; that you bring up to boyhood or manhood the debilitated, the strumous, the deformed but you lose at the most valuable part; that the deaths over 40 from modern diseases counterbalance the gain at the primary period.

The subject is a very important and interesting one. It is well that we should have some pessimists among us, otherwise we would indulge in optimistic dreams. If human life is saved at primary period, losing at middle stage, our plan must be to find out the best means of counteracting the loss.

Who can discover a remedy for worry? A return to Arcadian simplicity, to more primitive habits,. simpler methods of living, to less striving after fame or money, would act as checks. But would life be worth living under the above conditions. How many would exclaim, "Better fifty years of Europe than a cycle of Cathay."

Flexible Anatomical Preparations. — Dr. Roswell Park (*Annals of Anatomy and Surgery*) secures permanent flexibility of anatomical preparations by the following method: The joints to be prepared—supposing these parts to be selected for preparation—should be carefully dissected, by aid of maceration, so as to remove thoroughly all the soft parts except the ligaments. If one desires to use special time and care, the preparation may be soaked a few days in benzine to dissolve out the fat. It may then be bleached by hypochlorous acid in the following way: A small quantity—4 to 5 grammes—of powdered potassium chlorate is put in a stone jar, and 20 cc. of strong hydrochloric acid poured over it. The jar is then filled with water, and the specimens dropped into it. From six to thirty hours in this solution suffice. After still further scraping and cleaning they are finally placed in the following mixture:

Coffee sugar	2 parts.
Saltpetre	2 part.
Methylic alcohol	1 part.
Glycerine	16 parts.

A little water may be used to assist in the solution of the solids; or a good article of syrup may be substituted for the sugar. A little thymol may also be added with advantage, although it is not necessary. It should be dissolved in the methylic alcohol.

In this mixture the specimens are allowed to remain from one to two or even three weeks, according to their size. After removal from it, they are allowed to drain for a few days, and then need only a little trimming and scraping before being placed in the cabinet. In most cases it will be well to scrape off all the periosteum, except where it would interfere with the ligaments.

Under this treatment the ligamentous structures become as flexible as they were during life, while thick tendons become almost transparent, and they remain so. Joints thus prepared with their capsule properly dissected make, for the anatomist's eye, really beautiful preparations. Instead of losing mobility, they become even more limber with time.

In making them, the vessels should, of course, be injected first, preferably with a mixture of gelatin and glycerine used warm. By this method there will be very little shrinking and shrivelling up of structure. Pathological specimens, of joints especially, can be in this way kept to show to best advantage.

Dr. O. W. Holmes: I have known a practitioner—perhaps more than one—who was as much under the dominant influence of the last article he had read in his favorite medical journal as a milliner under the sway of the last fashion plate. The difference between green and seasoned knowledge is very great, and such practitioners never hold long enough to any of their knowledge to have it get seasoned.

Ibid: A physician of common sense without erudition is better than a learned one without common sense, but the thorough master of his profession must have learning added to his natural gifts.

Dr. I. E. Brown, lecturer on physiology at the Detroit Medical College, has resigned his position. In his letter of resignation, as published in the pub-

and freedom from jealousies should exist in the college faculty." The inference from the resignation would, therefore, seem to be that everything is not yet serenely lovely in that quarter. Let us hope that the violent agitation of the elements may ultimately be followed by a purer atmosphere.

The "Detroit University" has issued its first "announcement." The list of "professors" numbers upwards of 50, and they are all "venerands." "right venerands," or "very right venerands." Of course, everybody knows what a "venerand" is, although in a moment of mental vacuity neither the late Mr. Webster, nor Mr. Worcester, nor any of the other lexicographers gave it place in their treatises on words. It would be flattery to call the announcement the work of a knave; it is the work of an idiot. The Buchananites have in this instance over-reached themselves. The fraud is too gross to be dangerous.

Book Notices.

A System of Surgery, Theoretical and Practical in treatises by various authors. Edited by T. Holmes, M. A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital; Memb. corresp. de la Société de Chirurgie de Paris. First American from Second English Edition, thoroughly revised and much enlarged by John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia. Assisted by a large corps of the most eminent American Surgeons.
Vol. III. Diseases of the respiratory organs. Diseases of the bones, joints, and muscles. Diseases of the Nervous System. Gunshot wounds. Operative and minor surgery. Miscellaneous subjects.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

The volume before us is the third and closing volume of Holmes' System of Surgery. What we have said of the two preceding volumes renders unnecessary any comment on this. It is sufficient to say that in every respect it is fully up to its predecessors, and that the three volumes constitute an encyclopedic work by the best authors writing in the English tongue.

A Treatise on Human Physiology. Designed for the use of Students and Practitioners of Medicine. By John C. Dalton, Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine, of the N. Y. Pathological Society, of the American Academy of Arts and Sciences of Boston; etc. Seventh Edition, with two hundred and fifty two illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

Dalton's Physiology has been so long and favorably known to the profession of this country that it has become one of the most familiar books in the medical library. It must be confessed, however, that within a few years it has been forced into the back ground by other works of more recent appearance and which more fully brought physiology abreast of existing knowledge on the subject. Friends of the old standby have regretted this, for they would fain retain the pleasing style of the author, with its conciseness and lucidness. But at last the objection which relegated the book to the rear has been very largely removed, and the edition before as deserves to take rank with the more advanced contemporaneous treatises on the subject, the author having brought it well up with the times. As it now stands it is eminently adapted to the needs of the student and is much more fitted to the wants of the practitioner than formerly. It will reassert its claim to the position which it so long held among the text books on physiology, and will make a strong bid for preference to works of more recent publication.

The Transactions of the American Medical Association. Volume xxxii. Wm. B. Atkinson, M. D. Philadelphia, Permanent Secretary.

After many days the report of last year's meeting of the American Medical Association has appeared. If there is anything which will bring about the publication of a weekly journal under the auspices of the Association and which shall contain the proceedings of the annual meetings, it is this vexatious delay in the appearance of the Transactions. We do not know at whose door the blame lies, but wheresoever it may be found something should be done to remove it.

Although the report of the Richmond meeting is not so voluminous as that of some previous meetings, it nevertheless contains some papers of more than ordinary merit. Inasmuch as a summarized report of the proceedings appeared in this journal in the first and consecutive issues after the meeting of the Association, a detailed notice is not necessary. The work of the secretary has been so carefully done as to leave nothing to be desired under that head. It is to be hoped that the causes which have led to the delay will not be reproduced after the St. Paul meeting.

Illustrations of Dissections, in a series of original Colored Plates the size of life. By George Viner Ellis, Professor of Anatomy in University College, London; and G. H. Ford, Esq. (Reduced on a uniform scale, and reproduced in fac simile, expressly for Wood's Library of Standard Medical Authors). Vol. ii.
New York: Wm. Wood & Co., 27 Great Jones Street.

We have already noticed this work in calling attention to the first volume and we can only emphasize what we then said regarding it. This work is alone worth the price asked for the year's set of twelve volumes of the Library. It is one of those works which we individually should be loath indeed to part with if it could not be replaced.

Memoranda of Physiology. By Henry Ashby, M. D., (Lond.) Physician to the General Hospital for sick children, Manchester; etc. 3rd Edition thoroughly revised with Additions and corrections by an American editor.
New York: Wm. Wood & Co.

This may be called a Gray's Anatomy and a Foster's Physiology rolled into one and subjected to a hydraulic pressure with sufficient pressure to the square inch to condense it into a duodecimo of 300 pages. It is a very model of condensation, and if we were ever tempted to recommend the student to secure a work of this nature, we are now. Indeed lic prints, he declares that he was prompted to this action through the conviction that "harmony, unity

if he will but promise to listen carefully to lectures and read a standard text book we should not hesitate to allow him to use this little book to finish up on before examination.

Original Articles.

Prolapse of the Ovary—Its Differential Diagnosis.

BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

While the above lesion is comparatively rare, even in gynecological practice, it is still important be able to differentiate between it and numerous other abnormal conditions often found within the female pelvic cavity. There are a number of conditions quite similar to, and very liable to be mistaken for prolapse of the ovary, and indeed, some of them may be associated with that difficulty, in which case the diagnosis is rendered still more obscure. Among the abnormalities most likely to be mistaken for ovarian prolapsus may by mentioned uterine retroversion and retroflexion, cyst of the broad ligament, uterine fibroids attached to the posterior wall, especially the pedunculated variety, fibrous tumors and cysto-fibroma of the ovary.

Dermoid, and in fact any and all of the variety of tumors found in that locality, may, when small, be mistaken for and confounded with prolapse of the ovary. The inflammatory deposit, from an old cellulitis, scybala in the rectum and cancerous deposits have in their turn been mistaken for the ovary in Douglas' *cul de sac.*

From the frequency of reported cases of ovarian prolapse, and the comparative rarity of their occurance in female hospitals, and in the practice of our most noted gynecologists, together with the limited space devoted to the attention of the subject in all text books upon diseases of women, I am led to think perhaps some of the many cases reported as as such, may be mistaken for, or at least complicated with, some of the conditions enumerated above. The differential diagnosis is rendered comparatively easy, if a few of the following points are born in mind. In prolapse of the ovary we have a small tumor in Douglas' *cul de sac,* extremely tender and painful upon the least pressure, and varying from the size of a small walnut to that of a hen's agg and about that shape, being always enlarged sufficiently to make it prolapse. It is situated and confined to one side of the median line in the *cul de sac,* and can be replaced only in the direction from which it is prolapsed; the reason for this is readily seen when we remember that it is attached by its anterior margin to the broad ligament, and can only become prolapsed by either dragging that ligament down or stretching it, and hence displacement only occurs when from some cause the ovary becomes enlarged and sufficiently heavy to prolapse from its own weight or is dragged down by some growth attached to it. Unless it is held down by some growth or is adhered through inflammation to the surrounding parts, it is easily reduced by putting the woman in the knee chest position, when it will usually fall back to place by its own weight; if it does not, it is eas ly pushed back by the finger, or, found in the vagina, by the finger in the rectum, and can be held there by packing the *cul de sac* with cotton or oakum and the holding it there by a properly fitting pessary or support. The pessary is necessary for the reason that there is usually in such cases more or less displacement of the uterus; as a rule there is retroversion to greater or lesser degree.

I have given the above description in detail for the reason that the subject is but barely mentioned in any of the text books upon gynecology with which I am familiar. Prolapsus of the ovary may be known from retroversion or retroflexion by the absence of that excessive tenderness upon pressure in the latter, though there may be and often is moderate tenderness in both retroversion and retroflexion. Again, the prolapsed ovary is not confined to the median line, while in the other two conditions the opposite is true.

As there is generally retroversion accompanying prolapsus of the ovary, it is important to distinguish the difference between a retroversion with and one without; without prolapsus of the ovary there is a tumor accompanying Douglas' *cul de sac,* larger than the ovary and presenting the round feel of the fundus of the uterus and not the oval feel of the ovary; it is only moderately tender to the touch, as a rule, in contra-distinction to the excessive tenderness of the ovary. Again, in most cases of either retroversion or retroflexion, the cervix points more to the anterior than the posterior wall of the vagina, though it is not so pronounced in retroflexion. The introduction of the uterine sound will also detect either of these conditions; and lastly, the introduction of the finger in the rectum will always determine the character of the tumor in the *cul de sac,* as it can be thus felt in its entirety. From cyst of the broad ligament or other cystic tumors, prolapsus of the ovary may be known from the fact that these tumors do not prolapse into the *cul de sac* as completely as does an enlarged ovary; besides these growths are fluctuating in character instead of hard, like the ovary; they are different in shape and not tender. It is scarcely possible to mistake a dermoid growth for the ovary, as they are unlike in shape, and a dermoid could be only partially displaced into the *cul de sac.* Inflammatory deposits can be easily distinguished by their board-like feel and irregular outline usually filling the greater portion of the *cul de sac.* Fibroids, and especially the pedunculated variety, are the most likely to be mistaken for a prolapsed ovary, for many times they are nearly the shape and size of the ovary; but with the exercise of a little care and attention to a few distinctive features, the error may be avoided. A fibroid is not sensitive to the touch; it is much more dense than the ovary; often occupies the median line, and is as liable to move in any other direction as that of the

broad ligament. In the pedunculated variety, if the pedicle is long enough to admit of motion, the growth may be found upon one side one day and the other the next; may be in the median line or not; this is never true of a prolapsed ovary. When there is a fibroid growth or cysts fibroma attached to the broad ligament, and complicated with prolapsus of the ovary, I can see how any one might be misled in making a diagnosis, and it is important that great care be exercised in examining such cases before a positive diagnosis be given.

The following case is a typical one and I give it as an illustration: Mrs. A———, of Shelby, Mich., was sent to me for treatment by her father, Dr. Wright, the 1st of Jan., this year. Her case had been diagnosed as retroversion of the uterus with prolapsus of the ovary, but there had been no vaginal examination made for a year past. She had been troubled with uterine trouble for the past ten years, with all the usual symptoms, neurasthenia included. At times her nervous troubles were so bad that insanity was apprehended by her physicians and friends. Upon making a vaginal examination I found only very slight retroversion of the uterus, but found a small tumor occupying Douglas' *cul de sac*, which, after a careful examination, I had no hesitancy in pronouncing a prolapsed ovary. I placed her in position upon the knees and chest, and reduced the displaced uterus. I then attempted to reduce the ovarian displacement as per foregoing description, but found that while the ovary could readily pushed out of Douglas' *cul de sac*, it would not go up entirely out of reach. After working at it a short time the lady complained of so much pain that I desisted for the day after filling the *cul de sac* with glycerated cotton. The next time I examined the case I passed the finger into the rectum, and after a long and careful examination, found there was a fibroid attached above the ovary, and it was that which was pressing the ovary out of place and preventing its being replaced. After treating the case for a few days with hot water injections and glycerated cotton tampons by way of preparation, I made an incision about two inches long through the wall of the vagina and with a blunt hook brought down the growth, which I found had a pedicle of about two and a half inches; this I ligated with a silk ligature, and then cut away the tumor, closing the vaginal incision with three silver wire sutures. The vaginal wound closed by first intention, after which I found no trouble in reducing the displaced ovary and keeping it there by cotton tampous, which she wore for about a week, having them changed every day. I then adjusted a soft rubber and silver wire supporter, with a very thick ring, to take the place of the cotton, and sent her home with instructions to wear the instrument for a month. Since returning home there has been no return of the displaced ovary up to this time. This case illustrates the danger of mistaking a pedunculated fibroid for true ovarian prolapse. Here was a case where there would have been no displacement of the ovary except for its being dragged down by the weight of the fibroid. The physicians having her case in charge had made this mistake, and I did the same, until I examined per rectum, and came very near not finding it then, although well aware that there was some reason for the ovary not returning to its place.

54 Monroe st.

The Hypodermic Syringe—Some of the Advantages and Dangers.

BY A. CHENOWETH, M. D., OREANA, ILL.

Having noticed something of a barrenness in our medical journals on the subject of hypodermic medication, and especially in regard to the use of morphia and its salts by this method, I thought, perhaps, my individual experience in the use of the latter drug might benefit amateurs, at least, in the use of said drug thus employed. Respecting the ordinary effects of morphia, we are all, doubtless, perfectly familiar, but by way of variation, I would relate a few instances in which its effects were not only peculiar, but even dangerous:

While house physician of the Cook County Hospital, Chicago, and subsequently in private practice, I have frequently had recourse to the hypodermic syringe, for the purpose of relieving the pain and suffering incident to many complaints. Yet it was reserved for myself to realize the full amount of pain, not to say danger, from morphia hypodermically used. Suffering a few months from a very severe and periodical neuralgic headache, I had recourse to about ⅓ of a grain of the drug, which I carefully injected a little below the right knee. Instantaneously I felt the most intense pain in the top of my head, accompanied by violent palpitation of, and feeling of constriction about the heart. This was attended, also, by great dyspnœa, coldness of the feet and hands, and all the agony of impending dissolution. These symptoms lasted perhaps 15 minutes, when they abated and left me with a sensation of extreme prostration and nervousness. Every few minutes the palpitation and dyspnœa returned, but with less force, until at the end of a couple of hours I had fully recovered. Yet on the slightest exertion, the palpitation became worse. At the end of several hours I had completely recovered, but with a resolve to trust my stomach for the needed remedy the next time.

The above symptoms were doubtless due to striking, unawares, a subcutaneous blood-vessel. I have continued to use the morphia in my practice since the above occurrence and in certain patients, in half a dozen instances, complaint was made of palpitation and a distressed sensation above the heart, accompanied by the usual dyspnœa. The pulse meantime full and frequent. With the utmost care, I find that these symptoms occasionally happen, and as a conscquence of this painful experience, and contrary to the method of pushing the needle of the syringe deep down into the tissues and forcibly in-

jecting the solution, as I have seen, even some of our professionals do. I insert the point very superficially and run it along the necessary distance, without implicating the deeper parts.

I state the above facts, thinking it might meet the eye of some who have as yet to use the syringe for the first time. I am an earnest advocate of the use of the instrument where needed, and furthermore, I think it one of the most useful instruments belonging to the profession. Nothing I find more useful or more ready in its effects in our cases of cholera morbus, nephritic, biliary, and all forms of colic, than morphia hypodermically, to say nothing of the almost specific action in breaking up a severe chill, especially of the congestive type. I have seen the enormous distension of the abdomen, sometimes occurring in wind colic, give way in a few moments after using the remedy, and even that dread disease cholera has given way before its almost imperial sway. In cholera morbus, nothing has served me as well. While the patient is rolling in agony, and the stomach rejects the slightest effort to arrest the complaint; while we may be waiting hour after hour, hoping, praying that the last dose given per orem may stay and do its work, our little hypodermic syringe could have brought almost immediate relief.

In the hypodermic syringe we have a powerful ally for good. Yet we have got to learn its ill effects unless properly used. It is better to give smaller doses and employ a little more time to gain the desired effect, than to sacrifice a life to haste or injudicious employment of instrument.

Pott's Fracture.

A CLINICAL LECTURE BY PROF. ERSKINE MASON, M. D., PHILADELPHIA.

This, gentleman, is a case of recent fracture, and it shows so well the deformity which is caused by this particular fracture that I have brought the patient into the amphitheatre to dress the limb before you. She has been in the hospital a few days, and the swelling which did exist about the limb has gone down, so that we are able to put it up in plaster bandage. It is the most common form of fracture that we meet with in the leg, and it is that form which is often spoken of as Pott's fracture, taking the name of the Irish surgeon who first accurately described it. It is a fracture of the fibula about two inches distant from the ankle joint, with a chipping off of the internal malleolus. Another patient came into the same hospital yesterday with the same form of fracture, but he does not show the deformity to such an extent as does this one. This deformity can often be corrected by making strong extension, but I have failed to do so in this case. You will now have the opportunity of seeing the plaster bandage applied. Before applying the plaster bandage you should protect the limb. You can do that with a flannel, or with what I like better, canton flannel bandage, applying your roller bandage over that. We will take this bandage off four weeks from to-day if all things go right. There will be a widening of the limb at the ankle joint, the fracture of the internal malleolus having been thrown out so far that it is utterly impossible to bring it back into its proper position. That is a deformity which we see occur frequently after this fracture but fortunately it is a deformity which does not amount to very much except in appearance. It does not interfere very greatly with locomotion. This patient brought about a great deal of this deformity herself, after the fracture, by walking on that limb several blocks. That forced the fragments more and more out of place. The plaster of Paris dressing is that which we adopt almost exclusively in this hospital, as well as outside, in the treatment of fractures of the leg, whether they be simple or whether they be compound. The plaster has taken the place of the side splints which were, or are, made out of any metal you please,—wire gauze, tin, or if you like paste-board, leather, or gutta percha. They all make a capital splint, but this is so handy and so much better than the others, that it has taken their place, although it requires more care in its application than do any other splints. You are more liable to do damage to the limb with the plaster dressing than with any other dressing. You may apply your bandage too tight. You may go away, leaving your patient, and the result may be gangrene of the extremity from a loss of circulation. Therefore you should be very cautious in its use during your early practice until you shall have had considerable experience in the manipulation of plaster. Always leave word with your patient, provided you cannot be reached in a very short time, that if the dressing applied to the fractured limb cause intense pain and swelling of the parts that are not covered by it, to loosen the dressing. Plaster can be loosened very easily by cutting up the plaster splint with a knife along the crest of the tibia from one end to the other, and it can then be sprung apart, separated so as to take off all the pressure from the limb. After that is done it is not necessary to remove the plaster splint. You can bind it together the next day simply by applying an ordinary roller around the bandage. A very good way of telling at first whether you have drawn the bandage too tightly, is to observe whether the circulation in the toes is interfered with. As I press upon the nail of the toe I of course force the blood from the capillaries that are directly beneath the nail. If I remove the pressure, the circulation returns to it—the red appearance of the nail returns. I know thereby that the circulation is good, it is not cut off. But if on pressing upon the nail a few moments and then removing the pressure, the circulation does not return, but the parts remain perfectly white, I then know that the circulation is being interfered with; that I have applied my dressing too tightly, and that it must be altered at once, otherwise serious consequences may ensue. The plaster bandage has

now been applied. It will harden in a short time. By to-morrow it will be perfectly hard—perfectly firm—so much so that our patient, if judiciously handled, might be allowed to get out of bed and sit up with the foot upon a chair; or he may, indeed, if he be a strong person, be allowed to go about on crutches, provided, of course, the limb does not touch the floor and bear the weight of the body.

This patient, gentlemen, has also a Pott's fracture, which was received yesterday. It was caused in the same manner as the fracture in the previous patient, that is, by a barrel rolling against the limb. The case does not differ from the other, except that there is less deformity and more swelling of the parts. The swelling has not yet had time to disappear. There is but little pain, so little that the patient asked this morning if he might not get up and walk home. Should he walk far, he would of course increase the deformity. When the swelling subsides his limb will also be put up in a plaster bandage. If possible, I will so arrange it that you can see it done, for you cannot see plaster dressing applied too often.

Certainty in the Practice of Medicine.

BY E. C. DAVIS, M. D., MILFORD, MICH.

Is there any certainty in the practice of medicine? If so, how much? And how can we ascertain the best means towards a scientific certainty in the use of drugs and other forces in the treatment of disease?

Before I studied medicine, I supposed that the physician knew exactly how and what to use to relieve the sick; but when I came to delve in medical lore, I found that the "fountain of life" had not been found. Theory and symptoms were there, but few remedies to fit the latter. The writers on the practice of medicine describe diseases to perfection, but when it comes to the remedy, they are not so clear. For instance, Acute Enteritis:*

Treatment. The indications for treatment may be embraced in a few words. An efficient purgative is generally at first desirable. Afterwards opium in some form is to be given sufficiently to relieve pain and diarrhœa.

Where are your indications? There is no sign of them. "A purgative generally." Now then, if the author had said, "if the tongue is uniformly coated with a tinge of yellow, and is somewhat broad, and there is a feeling of weight and fullness of the bowels, give a purgative," his statement would have had some foundation. If there is that condition of the mouth which could appropriately be called 'dirty,' a pasty coat upon the tongue, tenacious saliva, gummy teeth, with or without fetid breath, I should order sulphite soda in doses from fifteen or twenty grains every three hours. If the mucous membranes presented a dark or dusky red color, whether the tongue was clean or coated, dry or moist, I would order dilute muriatic acid with the drink, as much as the patient choose to take. If there is fever, there is an indication for a sedative. As in general terms veratrum is the remedy in sthenia, it is the remedy when there is frequent but free circulation. It is also the remedy when there is active capillary circulation, both in fever and inflammatin; a full and bounding pulse, a full and hard fulse, and a corded pulse, if associated with inflammation of serous tissues. When the two last indications for a particular remedy are present in a given case, I use them as follows:

℞ Fl. ext. veratrum vir.....gtts. xxx.
Muriatic acdi.....gtts. xv.
Simple syr.....℥ i.
Aquæ q. s.....℥ iv.

M. Sig.—Teaspoonful every hour for an adult.

We will find certain remedies indicated in all diseases, acute and chronic. It is the indications we want, not the name of a disease, You may say typhoid fever, but that does not answer. The same indications or symptoms are not always present in every case. There are daily changes, chemical and physical, in their nature that must be met by the proper remedy. To be scientific, we must be exact; to be regular, we must have regular principles. We must know our forces; how and when to use them. If our neighbor has a better weapon, we must appropriate it. There is some good in every branch of medical science. We want the best. And the physician who comes the nearest to acquiring it is going to succeed. Ten years ago I found in a medical journal an article on "Indications for Particular Remedies." I used them, and most of them have proved to be correct. I have been looking for more, and I think if physicians would give us their practical experience, much that is certain might be added to the certainty of medical science.

*Flint.

Synovitis of Knee Joint.

BY H. H. BORDNER, M. D., M'CLURE CITY, PA.

I was called on Sunday night, August 28, 1881, to see Miss Jennie W., æt. 18 years, black hair, brown eyes, fair skin, a "buxom daughter," well developed, nourished and fed in every particular; rather above the normal for her age; menstrual with all other functions perfectly normal. Her family history as relative to health, etc., without blemish and very good. Two days previously, while engaged in scrubbing the outer porch, she slipped and fell on her right knee. She noticed a sharp pain in it for awhile, but it soon left her; but at about 10 P. M., on retiring, the pain had returned and she found it almost impossible to raise her right limb from one step up to another. There was a heavy pain during all the night, and in the morning she found the

same difficulty in coming down stairs; but, after using her limb for a while, she was able to get along much better. At 8 A. M. she started for Sunday-school, on foot, a distance of three miles. While at the school she took a heavy chill, became powerless as well as insensible, and was brought home in a conveyance. She continued growing worse; her limb now pained a great deal, and it was swelling rapidly. I saw her about 10 P. M. Pain and swelling were most felt at inside of joint, perhaps two inches above knee, and the swelling extended along the inner part of limb to pubis. Pulse 120, axillary temperature 105° F., tongue slightly coated. An anodyne mixture was given, having in each dose Hoffman's anodyne, gtts. xv, tr. valerian, gtts. xv, tr. aconite, gtts. j, tr. verat. viridi., gtts. j, tr. gelsemium, gtts., jv, morphiæ, gr. $\frac{1}{8}$, water, gtts. xxx. A teaspoonful of this was given every hour until the fever fell to 103° F. At the same time, two grains of quinine, with four grains of iron by hydrogen, were given once every three hours. On next day the inflamed limb was measured three inches above the knee, and it measured thirty-one inches, and the sound one at the same place measured only eighteen inches. Tr. iodine was applied to the limb freely and covered with batting, as it was impossible to bandage it on account of excruciating pain. In about three days the temperature was reduced to 103° F., and remained between 102° and 104° F. for twenty days; the limb during all this time remained about the same, with pain at times almost unbearable. I now asked for counsel, which at last was granted, and Dr. B. F. Wagenseller, of Selinsgrove, was called. The exploring needle was introduced for three inches at seat of pain, and a small quantity of thin yellow fluid escaped; the pain now left inside of knee, and the swelling at that place partly subsided, but it seemed to center six inches above on inside of limb, or a few inches below pubis; the pain in a few days at this place was even greater than at inside of knee joint. Hot poultices of flaxseed were kept on continually, day and night, for ten days; then the exploring needle was introduced, and a free deep incision made. Two quarts of pus and clots of blood escaped in the first twelve hours. It was thus left to drain for five days afterwards. It was syringed thrice daily for twenty days with a strong solution of carbolic acid. It then closed up and has been well up to this time. In sixty days from first injury the limb was healed.

Cases Illustrating the Action of the Bromide of Ammonium.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

The cases which I wish to report are such as may be termed "typical" cases for the use and action of the bromide of ammonium. They occurred during the summer of 1881.

Case 1. Was awakened in the middle of the night some time during last August by Mr. P., who told me that his wife was very sick and was vomiting and purging at the same time. He wanted some medicine for her relief, or if I thought best, he wished me to visit her. I had no relish for the night ride, and so wrote this prescription:

℞ Ammonii bromidi..... ʒ j.
Aquæ q. s. ad..... ʒ jv.

M. Sig.—Dose 1 teaspoonful in a little water ever 10 or 15 minutes, until relieved of the urgent symptoms, and afterwards 4 times a day until recovery.

I returned to my slumbers with a consciousness that I had sent a servant that would accomplish its errand of healing and mercy with more absolute certainty than any other at my command. The result justified my confidence. I saw the patient some time after, and she expressed herself as most highly gratified at being relieved so promptly by the remedy I prescribed for her. She said that she would surely have died without help, but the first dose checked the vomiting, and after three or four doses she went to bed and slept until morning. She surely had a severe attack of what we call cholera morbus, for which the bromide of ammonium is your promptest and surest of all remedies.

Case 2. Was the daughter of Mrs. P. in case 1. Her husband came to me and described his wife's case as one of cholera morbus, for which I perscribed the foregoing formula, and, as I afterwards learned it had the same happy effect as in the first case.

Case 3. This case did not happen in my practice, or the result might have been different, perhaps. A farmer, who, from working in the harvest field, was overcome with thirst and drank large draughts of cold water, became extremely prostrated. His disease assumed the form of cholera morbus. My young medical friend was sent for, who took out his pesky little squirt gun, loaded it up several times with a solution of morphia and atropia, and fired it off at a certain entity called a disease by inserting the point of the gun underneath the patient's skin. Result: the patient died.

"Why did you not give him some of the bromide?" I asked.

"Because I did not think of it," he replied.

This case illustrates the action of the bromide of ammonium in the same way as the boy said salt acted on potatoes when you did not put it on.

Gen. Trowbridge 'brought down the house" in his address at the commencement exercises of the Michigan College of Medicine, with his translation of the line in Virgil (*Arma virumque cano*), which he quoted to support his "argument" in favor of the antiquity of vaccination: "I sing of arms and virus."

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The New N. Y. Code of Ethics.

As was naturally to have been expected, the new code adopted by the New York State Medical Society, in lieu of the code of the American Medical Association, has created a very considerable fluttering in medical circles. The expressions from both the medical press and individual members of the profession on the subject, are characterized by much diversity. There is one clause which, more than any other, has been the recipient of attention, viz., that which permits consultation with "legally qualified physicians," which in the State of New York means all sorts and conditions of practitioners who have passed through the very open door which the medical law has there created. It is a very singular and somewhat significant fact, however, that although the law has "legally qualified" such an *olla podrida*, one particular school, to-wit, the homœopaths, have been by very unanimous consent, singled out as the objective point of attack by those opposing the new code. At that particular quarter of the field the battle wages hot and fierce, but although the defenders of the new code at this redoubt are making a gallant fight, they bid fair to be overwhelmed by the numbers and impetuosity of the attacking squadron. If might were right, it is to be feared tnat this clause of the code would not only be plucked out but torn to everlasting shreds. But might is not right, and neither do majorities necessarily decide questions of principle. This is frequently the consolation of the minority who battle on hoping for such increased enlightenment of public opinion as will ensure the ultimate triumph of their cause. There is a wonderful elasticity in truth, and though it is crushed to earth it will rise rise again.

We have no intention of discussing the clause referred to in its bearings on any special class, homœopath, allopath, hydropath, neuropath, vitopath, or other dogmatic sect. As sects they are all properly under the ban of the scientific physician, and the recognition of either of them, as such, is entirely out of the question. Homœopath and allopath, pure and simple, are alike entitled to no recognition by the broad minded scientist, and he cannot be a scientist who is not broad minded. But this does not imply that there are no practitioners who are by very common consent classed as homœopaths and allopaths, who do not merit recognition. We know that the term "allopath" as applied to one "school" of practitioners is a misnomer for which there is no excuse, and we believe there are those who are classed as "homœopaths" who do not practice homœopathy pure and simple. If the regular physician so called must be classed under a "pathy," he would, of course, claim to be an allopath, for his conception of the action of the majority of drugs is that their physiological effect is to cause a change in tissue and function contrary to that induced by the disturbing cause, disease. And on the othe hand, there are many who are classed as homœopaths, although they themselves do not parade the title, who, if they must be classed under a "pathy," would select homœopathy, for they believe that the diseased process may be overcome by exhausting the excitability of the tissue by the disturbing cause, disease, through the exhibition of drugs whose physiological action is to cause changes *similar* to (not necessarily identical with) those caused by the particular disease at the time constituting the disturbing element. The term "allopath," as applied to the former, is as much, but no more, a misnomer than is "homœopath as applied to the latter. We believe, however, that the number of homœopaths, in the sense of the term which we have indicated, is comparatively small. The great bulk of those classed as homœopaths not only do not repudiate the name as a distinctive title, but actually parade it on sign, and card, and circular, and newspaper advertisement for purely business reasons. There can be no compromise with homœopaths of this stamp, both for strictly professional and moral reasons, and while we repudiate any charge of bigotry, we would persistently protest against any code which would permit consultation with a practitioner who would in the same manner parade the name of allopath.

The objection, in our mind, to the New York code does not lie in that it allows consultation with educated men, regardless of peculiar views regarding the manner in which drugs may act in individual cases, but in that it permits the meeting at the bedside (for "consultation" is impossible with such) of the ignorant, and bigoted, and dishonest. If the practitioners of New York were legalized under a law exacting a familiarity with such divisions of medicine as all the "schools" regard as essential, and which should permit of no other title than "Doctor of Medicine," as indicating the office of physician, we should emphatically advocate it as an improvement on the code of the American Medical Association in this particular. The new code is wrong, rather because the New York law is wrong, than that it is wrong in itself. Give us such a law as was introduced in the last session of our State legislature, and then give us the New York code.

Miscellany.

Florence Nightingale.—We publish as a matter of interest in connection with the recent establishment of training schools for nurses in different cities of this country, the following account of a visit to Miss Nightingale, at her home in London, by Dr. J. N. Toner, of Washington, D. C.

"I found her," he says, "reclining upon a lounge, by the side of which stood a small table, with writing material upon it; also the photographs of the nurses and the pamphlets and china I had sent her. She held my card in her hand, and addressing me by name as I approached and without rising, extended her hand and bade me welcome. Florence Nightingale, though of English parentage, was born in Florence, Italy, in 1820, and is therefore sixty-one years of age, but she looked not a day older than forty-six. Miss Nightingale's features are regular, her face is smooth and unwrinkled, she has an English complexion, large brown eyes, and a well nourished body, which would weigh 165 pounds, so that she is not now the slight, fragile person which the engraved portraits, taken just after the Crimean war, represented her to be. Though she sat upright on the lounge when I entered the room and again several times during my stay, yet she did not at any time move her lower limbs, which were covered with a shawl. I do not know the character of her invalidism, but, whatever it is, it in no way affects her mental energy or sympathy with the work of educating nurses. She has enlarged, clear and distinct views on the subject of nursing and the training of nurses, and expresses them forcibly and fluently. During my visit a servant woman brought her a glass of milk, of which she took a couple of swallows. After a few brief remarks relative to my visit to England and the importance and significance of the International Medical Congress than in session in London, she proceeded to inquire very particularly about our training school in the city of Washington. She had read the pamphlet of the announcement of our school and had the names of a number of the incorporators and the teachers and officers of the society well in mind. She asked how our wealthy, educated and philanthropic citizens were disposed toward the school, and recommended strongly that we should not rest until we obtained a home for the nurses, and that we should be particular to admit to the honors of the school only those whose character, physical strength, and zeal in the cause give promise of efficient services. She was also particular to inquire what aid we received from the government and from organized societies, and if we had a fixed fund. She was quite surprised that sufficient voluntary contributions could be obtained to support the school and that we should have been so successful without the aid of endowments and Government appropriations, so essential to enterprises of this kind in Great Britain. She listened with much interest to an account of our late loan exhibition and was particularly pleased with the fact that our leading citizens were interested in its success.

Florence Nightingale began her life-work by acquiring a knowledge of nursing in 1849 at Kaiserworth, an institution on the Rhine for practical instruction in the art of hospital nursing. During the Crimean war, in 1854–55, she entered with zeal upon the duties of her high vocation and gained a world-wide fame by her genius in the organization and superintendence of the nursing in the large military hospitals. She retired from this field of work with broken down health, from which she has never fully recovered. On her return to England she received a letter of thanks from the Queen, accompanied by a superb jewel. A fund of £50,000 was raised by subscription, and a Florence Nightingale training school for nurses established. A penny subscription was raised by the soldiers to erect to her a monument, which she declined. To this school, which bears her name, she is still giving her attention, being specially interested in the education of nurses for the poor. Many, if not all the pupils, are from among the gentlewomen of England and ladies of good social position."

Anæsthetics from a Medico-Legal Point of View.—Dr. J. C. Johnson, of Brooklyn, presents certain conclusions in the *Annals of Anatomy and Surgery* which deserve careful consideration.

Anæsthetics do stimulate the sexual functions, the ano-genital region being the last to give up its sensitiveness. Charges made by females under the influence of an anæsthetic should be received as the testimony of an insane person is. It cannot be rejected; but the *corpus delicti aliunde* rule should be insisted on. Dentists or surgeons who do not protect themselves by having a third person present do not merit much sympathy.

Death from administration of chloroform after a felonious assault, unless the wounding were an unmistakably fatal one, reduces the crime of the prisoner from murder to a felonious assault.

The surgeon has no right to use chloroform to detect crime, against the will of the prisoner.

But the army surgeon has a right to use chloroform to detect malingerers.

The medical expert, notwithstanding he is sent by order of court, has no right to administer an anæsthetic against the wish of the plaintiff in a personal suit to protect fraud.

Gross violations of the well-known rules of administering anæsthetics, life being lost thereby, will subject the violator to a trial on the charge of manslaughter.

A surgeon allowing an untrained medical student to administer anæsthetics, life being lost thereby, will subject himself to a suit for damages. What he does through his agent he does himself.

The physician who administers an anæsthetic should attend to that part of the business and noth-

ing else. He should have examined the heart and lungs beforehand. He should have the patient in the reclining position, with his clothes loose, so as not to interfere with respiration ; should have his rat-tooth forceps, nitrite of amyl, and ammonia, and know their uses, and when to use them, and how to produce artificial respiration.

Chloroform cannot be administered by a person who is not an expert to a person who is asleep without waking him. Experts themselves, with the utmost care, fail more often than they succeed in chloroforming adults in their sleep.

The Cat, a New Sanitary Inspector.—An experiment tried recently by a woman in Hoboken to detect the presence of sewer gas in her rooms was a topic of conversation among the sanitary inspectors at the rooms of the board of Health yesterday. The woman had noticed an offensive odor in her parlor, and she went to the agent of the house to request that a plumber be sent to examine the drainage pipes. The agent told her the plumbing in the house was perfect. She went home and called in some neighbors, who thought sewer gas was escaping from the waste pipes. Acting on the suggestion of a friend, she sent out for some oil peppermint, and poured it into a stationary washbasin on the third floor. From the basin the oil passed down through a waste pipe behind a closet off the parlor. Very soon the odor of peppermint prevaded the parlor. The woman then went to the agent again, and told him she was convinced that there was a break in the waste pipe on the first floor of the house, at the time telling him of her experiment with oil of peppermint. The agent refused to send a plumber, declaring that the odor of pepermint was so penetrating that it would soon fill a whole building. After studying over the situation for some time, the woman purchased some oil of valerian and poured it into the washbasin up stairs. She then borrowed from her neighbors two able-bodied cats and placed them in the parlor. The cats sniffed the air in the room as if it were agreeable to them, and they both went toward the door of the closet. When the closet door was opened for them they went in immediately and sprang upon the shelf, where they remained, purring and still manifesting unmistakable delight. The woman went to the agent's office and related what she had done. Although incredulous still, the agent sent a plumber with instructions to tear away the lath and plaster in the closet at the point where the cats had rested in their hunt for the valerian. The plumber found behind the shelf the waste pipe completely disjointed. The break in the pipe was large enough to allow an unwholesome amount of sewer gas to escape in the house. Some of the Sanitary Inspectors said yesterday that the experiment was new and decidedly ingenious. They thought that the cats might be used in a similar manner in this city to more advantage than in Hoboken. By employing their household pets as pointers, it was said, residents of the city might save themselves from illness, from poisonous gases, and also save the cost of employing engineers to examine the drainage in their houses.

How the Profession is Used to be Abused.—*Medical News:* Physicians have themselves to thank, sometimes, for an apparent lack of consideration exhibited towards the profession. They allow themselves to be used to forward the purposes and schemes of individuals and corporations. Does a company own a barren waste of wilderness, they purpose to convert it into a health resort, and with that view arrange an excursion of physicians, who, after a dinner at the proposed resort, are expected to organize a meeting, and give utterance to their enthusiastic opinion of the extraordinary salubrity and climatic advantages of the new place. Does a company, or a clique of political operators, propose a new water supply, the physicians of the city or town are gradually worked up, resolutions are introduced into the principal medical society, and the water scheme is thus effectually supported. Does a hotel keeper open a new seaside hotel, he contrives to induce a number of physicians to go to his place, to eat a dinner, and then to praise the healthful situation of the hotel, its sanitary arrangements, and especially the admirable water supply, and for drainage. In these, and in numerous other ways, the medical profession is made use of, its independence and dignity of conduct lowered, and its honesty of purpose impugned. The people who profit by the unsuspicious good nature of physicians, secretly laugh over it, and are to be found in any real question of importance to the medical profession, combined against them. If men wish to bring forward a wilderness as a health resort, or a new water supply, or to publish the healthfulness of a new hotel, they ought to pay for a proper sanitary survey. Not to speak of the loss of dignity, the dinner they give, and a free railroad ride, is rather poor compensation for the opinions of a number of physicians. When the place, or the scheme, has been properly advertised, physicians will find that they are no longer required.

Experimental Researches on the Effects of Training and Gymnastic Exercise.—M. Rouhet (*Revue Scientifique*) has been experimenting in the laboratory of M. Marey on the general effect of training and gymnastic exercise.

As is known all muscular exercise accelerates the heart beats and the respiration, and, at the same time, the body heat is raised. Whilst the cardiac movements are increased in frequency, the peripheric vessels dilate, probably on account of the rise of temperature, This increased temperature causes then a dilatation of the vessels on the surface and as a result a dispersion of heat. The result of this is that the heat of the body remains about normal. The respiration becomes not only more rapid but deeper than before. As a consequence of this change

in the breathing, we find the excretion of water by the lungs increased and that the body is somewhat cooled by the large quantity of air inspired with each breath. In consequence too of the deep inspirations, we find that the blood is forced by aspiration into the pulmonary veins. As a result of this the pulmonary circulation is facilitated and the blood flows more rapidly through the lung. Finally, the most important effect of these respiratory changes is that oxygen is supplied to the blood in greater quantity and more carbolic acid exhaled.

There is one remarkable fact, to which M. Marey called attention some time ago, and that is that the increase of the depth of the inspiration is not temporary that is present not only during the violent exercise and for a few moments after, but after a course of gymnastics or training, there is a permanent increase in the depth of the inspiration.

THE "BLUE RIBBON" OF SCIENCE.—*Lancet:* It is with sincere satisfaction we announce that the Paris Académie des Sciences has conferred on Professor Brown Séquard the distinguished honor of the Grand Prix Lecaze. This prize, which is of the value of 10,000 francs (£400), is given only in recognition of a lifelong devotion to physiological science, which has resulted in important discoveries. The previous recipients have been Chauveau, Marey, and Dareste. We do not know whether the Académie or Dr. Brown-Séquard is the more honored by the present selection. Rarely has the world seen an example of more untiring scientific labor, more indefatigable in its prosecution, and more remarkable in its results, than the series of discoveries which for a quarter of a century has made the name of Brown-Séquard illustrious. In an age of distinguished physiologists, he stood for long alone in the character of his investigations on the central nervous system, and the results obtained by other workers in the same field have been largely due to his example. Loving science for its own sake, content to relinquish the highest professional success that he might pursue research unfettered by the ties of practice, it is meet that he should receive, in the land of his adoption, the highest honor that science can bestow. We trust he may long enjoy this well-deserved distinction, and add to it fresh lustre by many more years of work in the new regions of science which his unresting energy has opened up.

NEW HAIR DYE.—*Moniteur Scientifique:* A 1 per cent. solution of nitrate of silver gives to human hair a dull reddish brown, which is particularly unnatural and disagreeable in a strong light; but this defect, which is visible in all cases in which nitrate of silver has been used, may be obviated by the addition of a certain amount of copper salt to the argentic solution.

Nitrate of silver, 30 grammes; sulphate of copper, 2.5 grammes. Dissolve the two salts in 250 cubic centimetres of water, and add sufficient ammonia to dissolve the precipitate formed, and make it up to one liter.

An instantaneous dye may be made by steeping the hair in a solution of pyrogallic acid in acetic acid, and then in the argenti-cupric solution dissolved above. The hair should be allowed to dry partially after the application of the pyro-gallic solution. By varying the proportion of the pyro-gallic acid from 1 gramme to 50 grammes per liter, any tint may be obtained from light brown to black.

TEMPORARY BLINDNESS FOLLOWING PARTURITION.—Dr. H. J. Cordier, Skeel's Cross Roads, O., writes: A somewhat anomalous and (to me) puzzling case came under my notice a short time ago, and I would be very thankful for an explanation. Mrs. M., a primipara, gave birth to a dead child about 9 o'clock Thursday evening. At 10 she began to complain of dimness of vision, which increased until about 2 o'clock, when she was pronounced blind. I saw her two hours after, and and found her unable to distinguish anything, except a very bright light, which would appear to her as a very dim light. Her eyes appeared all right, although no ophthalmoscopic examination was made. She remained in this condition until Saturday evening, when she began to distinguish large objects, but could not see as well as usual until several days later. There were no hysterical symptoms (unless this was one), and all that seemed wrong was a nasal and frontal catarrh, with a slight elevation of temperature (101° F.) I gave her no medicine except one large dose (between 20 and 30 grains) of quinine sulph., with a little morph., a diaphoretic mixture, and cubeb cigarettes to smoke. At present her health and sight are good.

THE MEDICAL STUDENT'S PRIMER.—*Medical Record:* What place is this? This is the Pathological Society. How does one know it is the Pathological Society? You know it by the specimens and smells.

What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make a post-mortem than go to a party.

What is that on a plate? That is a tumor. It is a very large tumor. It weighs one hundred and twelve pounds. The patient weighed eighty-eight pounds. Was the tumor removed from the patient? No, the patient was removed from the tumor. Did they save the patient? No, but they saved the tumor.

What is this in the bottle? It is a tapeworm. It is three-quarters of a mile long. Is that much for a tapeworm? It is indeed much for a tapeworm, but not much for the Pathological Society.

CONNECTION BETWEEN NASAL AND UTERINE CATARRH.—Dr. G. E. Corbin, St. Johns, Mich.: In the NEWS of Feb. 25, page 55, F. L. B. wants a diagno-

sis. I will not presume to diagnose his cases, but I will regard the fact that within the past year I have treated two cases where an intimate relation between nasal and uterine catarrh seemed to be unmistakable. In each of these cases, repeatedly and persistingly, topical treatment that benefitted either condition, aggravated the other; while appropriate constitutional treatment mitigated each treatment alike. At various times, for years, I have had my attention arrested in this direction, but these two more recent cases, to my mind, seem conclusive.

THE DESTRUCTION OF FERMENTS IN THE ALIMENTARY CANAL.—*Lancet:* In an article contributed to Foster's *Journal of Physiology*, Mr. J. N. Langley points out that, whilst it is well known that the saliva and gastric and pancreatic fluids, which are all discharged into the alimentary canal, contain a considerable amount either of amylolytic or proteolytic ferment, very little is known in regard to the fate of these ferments. A little of each is found in the fæces, a small quantity also in the urine; but these, taken together, make but a small fraction of the total amount which is received by the alimentary canal during digestion. He has undertaken a series of experiments to elucidate this point, and the results of these experiments appear to prove that the amylolytic ferment secreted by the salivary glands is destroyed by the hydrochloric acid of the gastric juice, that the proteolytic and rennet ferments secreted by the gastric glands are destroyed by the alkaline salts of the pancreatic and intestinal juices, and by trypsin, and that the proteolytic and amylolytic ferments secreted by the pancreas are not improbably destroyed in the large intestine by the acids there formed. Mr. Langley found that a percentage of hydrochloric acid not exceeding 14 parts in 100,000 is sufficient at a temperature of 39° C. to destroy almost all trace of ptyalin in the course of five minutes, and that practically there is no conversion of starch into sugar in the stomach. In like manner, a pepsin solution warmed for 20 minutes with a 1 per cent. solution of sodium carbonate fails entirely to act on fibrin, and the addition of trypsin also diminishes the activity of pepsin. Trypsin itself is destroyed by acid and also by pepsin. This is a point of considerable importance, for if the pancreatic ferment be rapidly destroyed in the stomach, the question arises, of what value are the pancreatic extracts that are so frequently ordered and taken? Further, Mr. Langley remarks, it cannot be much more advantageous to give zymogen than to give trypsin; for, supposing for a moment that the zomogen is not split up in the stomach into trypsin, how can it be split up in the small intestine, where the alkaline solutions tend to keep it intact?

In the *North American Review* for April, Gov. Eli H. Murray, of Utah, treats of the existing crisis in the political fortunes of that territory, and proposes a drastic, yet entirely practicable remedy for these and all other evils prevalent in Utah. An article entitled "Why They Come," by Edward Self, is devoted to the consideration of many important questions connected with European immigration to this country. Dr. Henry A. Martin, replying to a recent article by Henry Bergh, defends the practice of vaccination, citing official statistics to prove the efficacy of bovine virus as a prophylactic against the scourge of small-pox. E. L. Godkin has an article on "The Civil Service Reform Controversy;" Senator Riiddleberger on "Bourbonism in Virginia;" and General Albert Ordway on "A National Militia." Finally there is a paper of extraordinary interest on "The Exploration of the Ruined Cities of Central America." The author, Mr. Charnay, has discovered certain monuments which conclusively prove the comparative recentness of those vast remains of a lost civilization. The *Review* is published at 30 Lafayette Place, New York, and is sold by booksellers and newsdealers generally.

The *N. Y. Medical Times* has been added to our exchange list. It is devoted to the elucidation and support of the principle of *similia similibus curantur* in medicine, although it requires a somewhat careful examination of its contents to detect this fact. It has this to say regarding the use of the term "homœopath": "The display of the title 'Homœopath' upon signs is rarely met with in these parts, and its use, we will admit, is only for purposes of notoriety and should be abandoned by such as have any degree of appreciation of good taste and of the dignity of that title which needs no modification, viz., Doctor of Medicine." And yet there are those who will refuse to recognize a man who can utter such a sentiment, as a physician! We cordially welcome the *Times* to our table. It is withal a first-class journal.

Here's richness: A local contemporary in reprinting a poetical address to the graduates of the Detroit Medical College on the "Arte Menendi," gives credit in a foot note to Chancre for the quoted line, "For Pity runneth soon in gentle heart." Chancre must be some new poet, or some ancient one whom the modern one has resurrected. We have heard of one chancre, but never knew that it did anything in the poetry line. Is it possible that the author of "Ante Menendi" meant Chaucer? If so, the proof-reader's life has been jeopardized.

Dr. Parsons, surgeon to the N. Y. Dispensary, reports (*Medical News*) a case of death following anæsthetization by ether. Six fluid ounces had been given in the reduction of a dislocation of the humerus, of five weeks' standing, and the operation lasted twenty-five minutes. She came from under the anæsthesia, but died two hours afterwards. A post-mortem revealed no organic lesion save a slight fatty condition of one kidney. The lungs were deeply congested, and to this is attributed her death.

The *Edinburgh Medical Journal* has a poem entitled "A Psalm of Health," from which we quote the following:

"Tell me not, in seornful numbers
Sanitation is a dream;
Woe be to the man who slumbers,
Thinking drains are what they seem.

Drains are real, bad gas injurious;
If the grave is not our goal,
All past systems are but spurious;
Carefully redrain the whole.

Ill-drained houses all remind us
Sanitation is sublime;
Shunning the association,
Henceforth shall be held a crime."

—*Med. and Surg. Reporter.*

The *Medical Record* pays the three medical schools of New York city the somewhat equivocal compliment of pronouncing their graduates as immeasurably better fitted to practice their calling than were the graduates from the same institutions 25 years ago. It says, however, and somewhat significantly, that unless a high standard is guaranteed, the prestige of New York as a medical centre will not be maintained.

We note in the *Pacific Medical and Surgical Reporter* that Dr. James Vercoe, a graduate of the Michigan College of Medicine (class of 1881), "was unanimously granted a certificate to practice medicine and surgery" in California by the State Board of Examiners. The doctor has made Little Stoney, Calusa county, his home, where we wish him abundant success.

Louisville, we believe, is ahead of in the number of medical colleges within her corporate limits, five of such institutions being placed to her (dis)credit. Two of these colleges are straight winter schools, and three have a spring attachment, in which such students as escape graduation at the close of the winter term, are taken in and cared for. There are still two or three doctors in Louisville who are not professors, but they are full privates from choice.

The *Louisville Medical News* tells of an Illinois doctor who applied one end of a tube stethoscope over a patient's abdomen, but applied his eye instead of his ear to the other end. After a careful inspection in this manner, he informed the patient that he (the patient) had a scum growing over his liver, and that unless its growth was arrested, the consequences would be fatal. In justice to the Illinois State Board of Health, it should be stated that this charlatan was legally qualified through the fact that he had practised his knavery for ten years.

The *Medical and Surgical Reporter* propounds the question, "Should sick men be hung?" There are, doubtless, circumstances under which suspension would seem to be good treatment, but it would be hazardous to venture a categorical answer to the query. The physiological action of hanging has not been sufficiently studied to justify a resort to this remedy, except in cases presenting the most pronounced symptoms. In certain forms of cerebral disease it has proven a radical cure, but in this state the law has substituted life imprisonment.

Dr. J. J. Woodward, U. S. A., and president elect of the American Medical Association, has been obliged, on account of ill health, to go to Europe. He will not be back in time to preside at the St. Paul meeting, and the duties of president will devolve on the first vice-president, Dr. P. O. Hooper, of Little Rock, Ark.

When Peter the Great was advised by foreigners to introduce hospitals and dispensaries into Russia, he replied that the Russians needed nothing else as a health-giving remedy against mortal ills, when they had baths. To the peasant, the Russian bath, a moist variety of the Turkish bath, is a "second mother.

The latest investigators of the subject, Drs. Wood and Formad, declare unequivocally in favor of the pathological identity of croup and diphtheria. We commend their report as contained in the *National Board of Health Bulletin* to those who, with a persistency worthy of a better cause, close their eyes to stubborn facts.

A new case of spontaneous cow-pox is reported to have occurred near Bordeaux, France. An examination by the Paris Academy shows the virus to be equal to that of Passy, discovered in 1836, and that of Beaugency, discovered in 1866, and from which latter the bovine virus now being raised in this country is claimed to be perpetuated. France seems to have a corner in this spontaneous cow-pox. A genuine case in this country would be very acceptable.

Thymol is the latest corrective of the smell of iodoform. Its addition in the proportion of iodoform, gr. xxx to thymol gr. ½, is said to be sufficient. We have not tried it, but should think more of the corrective necessary.

Dr. Joseph Pancoast, Emeritus Professor of Anatomy in the Jefferson Medical College, died at his home in Philadelphia on the 7th inst., aged 77. His life was a successful one professionally and he left a fortune of a round million.

A correspondent of the *College and Clinical Record* reports a case of revaccination by scratching, on the tip of the nose, and the incident reminds the editors of a vaccination which was performed by the picking of the teeth with one of the innocent-looking ivory points which had been left lying on the table. The man is said to have presented a good "take" in his mouth.

The *Druggist* is authority for the statement that there has been a large emigration of young doctors to Kansas during the past year, and seeks to account for the fact by

the stringency of the liquor law in that state, which permits a man to drink whisky only on a physician's prescription.

Dr. D. C. Hawxhurst, of Battle Creek, Michigan, died in Paris on the 16th ult., of small-pox. He had gone abroad on his bridal tour, and was stricken with the fatal disease while in attendance the Paris clinics.

Mrs. Partington reports Ike as having an irrigating disease. A Charlotte russe broke out all over him, and if he hadn't worn the Injun beads as an omelette, it would doubtless have culminated fatally.

A man recently exposed to small-pox took, as a perventive, three quarts of whisky. The coroner's jury after mature deliberation rendered a verdict of "death from excessive prophylaxis."

The application of hot water—as hot as the hand can bear—to the parts, is, on the authority of Dr. L. Duncan Bulkley, of New York, the most effective means of relieving the intense itching of eczema of the arms.

A daily paper speaks of a speculum of bone as having been driven into a man's spinal cord by a pistol shot. We can understand how a speculum could be made out of bone, but why it should be introduced into the spinal cord, and why a pistol shot should be required to introduce it, are things which no fellow can comprehend.

Gray's Anatomy has been translated into the Chinese, and has appeared in six volumes at Foochow.

The Swiss government has just made vaccination of infants obligatory.

Book Notices.

NERVOUS DISEASES: their description and treatment. A Manual for Students and Practitioners of Medicine. By Allan McLane Hamilton, M. D., Fellow of the N. Y. Academy of Medicine; one of the attending physicians at the Hospital for Epileptics and Paralytics, Blackwell's Island, New York city, etc. Second edition. Revised and Enlarged, with seventy-two illustrations.
Philadelphia: Henry C. Lea's Son & Co Detroit: John Willyoung.

In spite of opposition of a somewhat peculiar nature, Dr. Hamilton has succeeded in reaching the position of an authority on the subject of nervous diseases, and the book before us gives evidence that this position has been reached through no merely adventitious circumstances, but that merit has been a factor in his success. The object which the author has had in view has been to simplify this somewhat abstruse subject sufficiently to bring it within the comprehension of the general practitioner. The importance which this class of diseases has more recently assumed. in consequence of stirring events, has intensified the necessity for a book of this nature. That before us is complete without prolixity, and concise without obscurity. It is such a work as the physician, educated in general medicine and without any special reference in his training to affections of the nervous system, will experience no particular difficulty in reading.

Circumstances have developed in us a pecular interest in the subject of lead poisoning, and we have read Dr. Hamilton's article on the subject with a desire to discover something bearing on the similarity between the symptoms of chronic lead poisoning and those of rheumatism. We fail to note, however, any reference to the articular pains and other symptoms which are so generally regarded as rheumatic in their nature and which, in this section, have been found to be so amenable to the hot sulphur baths of various watering places in this state. This chapter is in our opinion imperfect in just so far as such referenceis not made, and we hope that in a future edition the author will evince some evidence of having investigated this subject.

DISEASES OF WOMEN: Including their Pathology, Causation, Symptoms, Diagnosis, and Treatment. A Manual for Students and Practitioners. By Arthur W. Edis, M. D., London, F. R. C P., M. R. C. S., Assistant Obstetric Physician to the Mdidlesex Hospital, Consulting Obstetric Physician to the City Provident Dispensan, etc. With one hundred and forty-eight illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

America has taken a decided lead in the matter of the diseases, medical as well as surgical, of women, and the necessity of bringing a work on this subject from over the seas does not at once clearly appear. The book before us gives due credit to the classic American works from which the author has derived much assistance. Its distinctive features are the attention it has given to the diagnosis of abdominal growths, and to uterine displacements and their treatment, and it is withal a very concise work. It is fully abreast of the times in regard to the various questions in which gynæcologists are at present more particularly interested, and combines in the smallest space English and American practice in this specialty. We have in these its *raison d' être.* It is particularly calculated to meet the wants of the medical student, and as a companion during attendance on a course of lectures it will prove very valuable.

AN INDEX OF SURGERY, being a concise classification of the Main Facts and Theories of Surgery for the use of Senior Students and others. By C. B. Keetley, F. R. C. S., Senior Assistant Surgeon to the West London Hospital; Surgeon to the Surgical Aid Society. Price $1.
New York: Bermingham & Co., 1260 Broadway.

The preface declares that "this book is intended to be read by the senior student shortly before he goes in for his final examination and after he has carefully studied a complete text book of surgery."

The author had felt the necessity of a work of this nature in his own case when a student, and set himself to work, with the aid of copied notes which he had taken, to supply this "long felt want." The result has been this book, and it cannot be denied that if his object was merely to write a "remembrancer," he succeeded admirably. It gives mere notes which can be serviceable only to him who has prepared himself by previous study of the subject. It cannot take the place of a comprehensive text book, and it thus obviates the danger of a student's relying on it to the exclusion of larger works.

THE SYMPATHETIC DISEASES OF THE EYE. By Ludwig Mauthner, M. D., Royal Professor in the University of Vienna. Translated from the German by Warren Webster, M. D., U. S. N., and James A. Spalding, M. D., Member of the American Ophthalmological Society, Ophthalmic Surgeon to the Maine General Hospital.
New York: William Wood & Co. Detroit: Thorndyke Nourse.

The importance of this subject is a sufficient reason for the devotion of a separate treatise to it. It is astonishing how vague are the conceptions in the minds of the general profession of the dangers and the sources of danger to the well eye from inflammatory disease in the other eye. It is not a reckless thing to say that in most of the total cases of blindness the difficulty originated in a single eye and attacked the other eye through sheer default on the part of the medical attendant. The eye has been too much a terra incognita to the general practitioner, and the necessity of such a work as that before us must be clear to any one who has had an opportunity of observing the frightful results of malpractice in affections of the eye. The work is one to be strongly commended.

HOME AND CLIMATIC TREATMENT OF PULMONARY CONSUMPTION on the basis of Modern Therapeutics. By J. Hilgard Tyndale, M. D., late Physician in charge of Rocky Mountain Sanitarium for Consumptives at Manitou, Colo., etc. Price 50 cents.
New York: Bermingham & Co.

This little book, 12 mo., 175 pages, has for its avowed object "the presentation to the profession in a readable and easily assimilable form the most approved methods and lines of treatment of consumption on the basis of modern doctrines." This is a somewhat ambitious declaration for a small book in view of the vast amount of literature extant on this subject. The bulk of it is devoted to home treatment and climate treatment, and is adapted to the lay reader. The author evidently, from the number and variety of the drugs which he mentions, has but the minimum of faith in the value of medication in consumption. His chapters on exercise and climate as they affect the disease, are both readable and valuable. It is such a book as the physician may recommend the consumptive to read.

Original Articles.

Saccharine Diabetes.

A CLINICAL LECTURE BY PROF. J. M. DA COSTA, M. D., PHILADELPHIA.

The patient, æt. 20, was perfectly well until 1871, when he suffered from abdominal colic. He recovered, however, from this attack, and continued well until last December, when he began to grow weak and to crave for food and drink. His urine was greatly in excess. He continued to grow more and more emaciated. He also complained of pain in the right hypogastric region, and of shortness of breath on exertion. I can learn nothing with regard to the boy's parents. He seems to have had a very hard life of it thus far; received blows on his head very frequently when young. The general and special symptoms of diabetes are well known. The urine is almost always very greatly in excess. The sufferer is obliged to get up frequently during the night, to pass water. The natural quantity of urine passed in 24 hours is about thirty fluid ounces; in diabetes sometimes as much as ten quarts is passed in the same time. In severe cases the quantity is even greater than this, as much as three, or four gallons during day or night. Excessive diuresis, therefore, is a marked symptom. Saccharine diabetes must be distinguished from Bright's disease or albuminuria. In Bright's disease there is albumen, and no sugar in the urine and the specific gravity of the urine is, as a general rule, below the normal, about 100.5, to 100.6. Dropsy and granular degeneration generally accompany the disease. In saccharine diabetes the specific gravity is always above normal, that is, above 1020, the stool are hard and dry, and sugar is always present in the urine. There may be cases of simple excessive diuresis without the presence of sugar. In the present case the urine is very light colored, slightly turbid, and with a very high specific gravity, about 1033. This boy has passed three hundred fluid ounces of urine in twenty-four hours. His urine contains a large quantity of glucose. In diabetes you nearly always find excessive thirst and craving for food; usually there is a direct proportion between the thirst and the amount of urine passed. The weakness may be excessive before the unusual excess of urine be noticed. In this disease the skin is usually harsh and dry. There is very rarely any sweating. Sometimes the presence of sugar in the blood brings on itching and eruption of various kinds on the skin. These eruptions are often very difficult to cure. The tongue is red, the throat irritated and the digestion fails. In later stages it is customary to find a good deal of dyspepsia, with eructations, and general torpidity of the bowels. If the case progresses to an unfavorable termination there are evidences of profound malnutrition, obstinate diarrhœa, slow dry gangrenge, and inability to bear any strain or shock.

Surgical operations at this period are generally followed by rapid gangrene and fatal results. The sugar found in the urine in this disease comes from the starchy foods eaten. The blood of the portal vein contains. in health, a considerable quantity of glucose, which in the normal subject is broken up into blood and carbonic acid. This is the natural, healthy process which is stopped in saccharine diabetes. The starch is changed in digestion into glucose, and reaches the portal vein in that state, but never goes beyond that stage, and therefore goes into the general circulation as glucose. The liver plays a very important part in diabetes. Not only does the starchy food taken never pass beyond the stage of glucose, but it is also probable that the so-called glycogenic or animal glycogen producing function of the liver is unusually, abnormally, active in diabetes. A certain set of organic diseases of the brain are attended with diabetic symptoms. These diseases all affect the floor of the fourth ventricle, near the origin of the pneumogastric nerve. Experimental lesions of the floor of this ventricle are known to cause sugar to appear in the urine. Diabetes occurs in all ages and in both sexes. All classes of persons are liable to it. There is often seen a set of diabetics pass middle life, who manage in spite of their disease, to keep up flesh and strength. If there is not much sugar in the urine the case is generally of easy management. In youth diabetes is always attended with more or less danger.

In the hygienic treatment of this disease the first effort must be toward cutting off the supply of all the starchy elements of food. If the urine becomes less abundant under this exclusive regimen, some hope of ultimate cure may be held out. In some very obstinate cases, even after excluding all starchy matter from the diet, the urine still continues to contain a large proportion of sugar. The best diet for a diabetic patient is: For breakfast, eggs and any kind of meat except oysters, gluten bread, and tea or coffee with milk and without sugar; for dinner, tomatoes, lettuce, onions, spinnage, string beans, meat, light sour wine, lemons, or perhaps oranges, but none of the sweet fruits; supper about the same as breakfast. None of the starchy foods, no alcohol, and no sugar should be allowed. Among drugs, opium is the most valuable; of this an immense amount can be taken daily without producing any of the symptoms of poisoning. I am giving a boy now under treatment for this disease, 7 grains of opium per diem. In his case the only bad effect has been the production of obstinate constipation. I have known of cases where even this was unnoticed. The opium, either directly by diminishing the amount of secretions, or more probably by its action on the nerve centers, relieves the excessive thirst or voracious appetite, and reduces the amount of urine and the quantity of sugar in the urine. In the present case the amouut of urine secreted daily has been reduced from 28 pints to 11 pints, and the total amount of sugar has been reduced proportionately. Ergot, which acts in simple diuresis almost like a specific, may be employed with much profit in saccharine diabetes also. I give a dose of ʒ j of the fluid extract four times a day. Where the skin is dry and tough, as in the present instance, jaborandi is of value, by reason of its great power of diaphoresis. If jaborandi is employed, the opium and ergot should be stopped while the other drug is being administered.

A Case of True Molar Pregnancy.

BY PROF. J. E. CLARK, M. D., MICHIGAN COLLEGE OF MEDICINE.

[A paper read before the Wayne County Medical Society.]

In accordance with the wish expressed by this society at its last meeting I present you with the result of my investigations as to the nature of the substance presented on that occasion.

The history of the specimen is as follows: Two weeks ago I was called in to attend Miss A. B., æt. 37, unmarried, spare form and bilious temperament; had not menstruated for five mouths, nor had the least show during that time. Was complaining of severe bearing down pains in the region of the uterus, of an intermittent character. At first examination *per vaginam* was refused, she strongly resisting on the ground of "no cause for action." Pains however becoming more violent I was allowed an examination and discovered a substance presenting which I took to be a placenta. Pains continued and after a time the mass I exhibit was expelled. considerable interest attaches itself to the specimen from the fact that it raises the question of the chastity of young the lady among her friends, while she strongly asserts her virginity. The mass you perceive is of a triangular shape, about five inches from fundus to apex and a diameter from each corner of 3½ inches; it is about three-fourths of an inch in thickness, of a dark color, and weighs five ounces. It is apparently a complete cast of the inside of the uterus. We notice on one cornu a shaggy appearance covering about one and a half square inches, due evidently to a tearing away of its attachment to the uterine walls.

We observe it is surrounded by a membrane, thin and transparent, and on making an incision into the body we discover about half an ounce of fluid, similar in appearance to that of the amnion. The interior of the cavity is also lined with a membrane similar to that of the uterine surface. On the walls of the cavity we find numerous nodular projections resembling somewhat the colmunæ carneæ of the heart. I have conducted the examination with a view to determining whether the mass is an abnormal development in the virgin uterus, or the result of conception, and have by microscopical examinations undoubtedly confirmed the latter theory—that it is the result of conception. I made

an examination of the membrane lining the cavity and of the external covering, and found it to resemble the true decidua, but have not based my conclusions upon this alone, as, in "some states of the virgin, decidua-like structures are thrown off from the uterine mucous membrane, which, when examined by the microscope resemble the true decidua."

A more critical examination produced this specimen which I place under the microscope and show you what you must all admit to be, villi of the chorion, proof positive that the mass is the result of conception.

Assuming the correctness of this assertion, which I think you will not dispute, an interesting question arises as to the character and classification of the substance. It cannot be considered a vesicular mole, there being no hydatiform degeneration of the chorion, and an entire absence of the translucent vesicles, characteristic of this form of disease. Its vascular nature eliminates the fibroid or fibro-cystic variety of polypus from consideration; the size and absence of glands and cysts distinguish it from the glandular or mucous polyp.

There are a number of other forms of uterine tumors for which this, on a cursory examination, might be mistaken, but from a consultation of the best authorities I conclude this substance to be a true mole, the result of conception, the fœtus of which has died from some accident, such as effusion of blood into the decidua and membranes, or from the bursting of the amniotic sac, allowing the escape of the ovum. The retained placenta and membranes, instead of completely dying, possessed still a certain amount of vitality and took on a form of development resulting as seen.

Amyl Nitrite in Tetanus.

A CASE IN THE ROYAL INFIRMARY, GLASGOW, SCOTLAND.

[Reported by G. W. H. Ross, M. D., M. R. C. S.]

The patient is a sailor, æt. 28, and was admitted January 21, 1882, suffering from tetanus. He had participated in a drunken brawl on New Year's day, during which he received a punctured wound on the forehead. This wound had received little or no treatment, and on his admission looked red and angry, such admission having been determined by the appearance of tetanus occurring in the morning, just three weeks from the date of receipt of injury. These symptoms were rapidly aggravated, the spasms increasing in frequency and severity until at the hour of admission there was very little or no intermission in the attack.

Treatment. — Soothing applications (poultices) were made to the wound, the room was darkened and especial precautions taken to secure absolute quiet and freedom from sound, and an active cathartic administered. The diet was restricted to beef tea. The tincture of calabar bean was administered in doses of 20 drops every three hours. This treatment, while it succeeded in lengthening the interval between the paroxysms, had no effect in mitigating their severity; they indeed were apparently becoming more pronounced in their violence. The calabar bean was continued for 15 hours, when a change to some other drug was rendered imperative. The nitrite of amyl was selected, and was administered in doses of 8 drops sprinkled on a napkin, from which the patient was required to inhale the fumes, commencing with the onset of each paroxysm. The effect of this was "magical," each paroxysm being almost instantly aborted, and each succeeding one rapidly diminishing in severity until they finally cease entirely. The patent was then given a hypodermic injection of morphia to secure sleep, and then went on to complete recovery.

Nothing more beautiful as an illustration of the effects of medicine in disease could be given that the action of the nitrite of amyl in this case. The agony of the attacks was frightful to witness, but after a few whiffs from the napkin the spasm relaxed, and at once the victim became calm. It is not claimed that the amyl nitrite is a specific for tetanus, but simply that its antispasmodic action secures that quiet which is the great desideratum of treatment, and thus permitting a restoration of the impaired condition of the nerve centres. A knowledge of the physiological action of the drug as an antispasmodic would very naturally suggest its application in this frightful affliction. But we have other remedies (chloroform, ether, etc.), equally active as antispasmodics which, however, are not so beneficial in tetanus. Have we in the determination of blood to the brain, which is a physiological property of amyl nitrite, the secret of its remarkable power as evinced in the case under consideration? If so, does the fact shed any light on the pathology of tetanus?

Quinine Rash.

BY D. W. FLORA, M. D., NEWAYGO, MICH.

I have been aware for the last 20 years of the idiosyncrasy regarding quinine, which your correspondet, Dr. Gilliam, speaks of. I have never experienced any such effects from the drug myself, but one or two of my family have. A son, 21 years years old, has never taken a dose of quinine or cinchonidia without suffering from that peculiar erythema or vivid red blush over the entire surface, and another sympton not mentioned by your correspondent, a most distressing dyspnœa, a feeling of imminent suffocation, the breathing resembling that of acute asthma.

In order to cheat the patient, I have given the quinine disguised, but with no different result, except when combined with pulv. Doveri, in which

case the symptoms were much modified in every way. During the last decade my attention has been called to a score of such cases where quinia has seemed to produce the above symptoms. But I am more than ever confirmed in my opinion that the eruption which follows is due to some peculiar blood poison already there, and very intimately connected with the action of the "bacillus malaria," or whatever you may call the malarial poison. I have had it visit me in the form of urticaria, with the most distressiug burning and itching,even to the soles and palms of feet and hands.

Since vaccination has become general in the community, these very eruptions spoken of as due to quinia have appeared, and have in many minds disparaged vaccination. In my mind neither quinia nor vaccination have any more to do with the eruptions than a drink of cold water, for under certain circumstances that will cause a rash.

Selections.

Treatment of Lacerations of the Cervix Uteri —Trachelorhaphy, or repair of lacerations of the cervix uteri, is perhaps the most common gynecological operation at the present time in the United States of America. The great frequency of this operation in the States cannot, I fear, be due, at least entirely, to the better practice of European obstetricians, as not a few of the cases I have seen operated on in the Women's Hosp tal of New York have dated the commencement of their trouble to a labor occurring in the Old World.

Lacerations of the cervix uteri appear to cause two distinct sets of symptoms,—those caused simply by the tear, and those by the pressure of a mass of hard cicatricial tissue in the angles. There appears to be more of this dense tissue present when slight or no attempts have been made to keep the parts clean after delivery. The first condition gives rise to subinvolution and a hyperæmic condition of the uterus, with their attending evils; the second to reflex nervous symptoms. This latter condition Dr. Emmet has, I think, proved by cases from which he removed cicatricial masses of tissue, but failed to get union. In such a case the nervous symptoms disappeared, although the size of the uterus was not reduced in the least degree. But when good union is obtained, the uterus, from having been four or even five inches at the time of operation, may be of normal size when the sutures are taken out ten days afterwards.

By the kindness of Dr. T. A. Emmet the originator of this operation, of the surgeons of the Women's Hospital, and of others, I have had many opportunities of seeing trachelorhaphy performed during the last three months. The object of the operation is, of course, to put the cervix in as good a condition as it was in before the labor which caused the tear, and thus to cure the troubles which a laceration so often gives rise to.

All agree that preparatory treatment is necessary in every case where there is any cellulitis, and that this condition must be cured before any operation can be performed, except in some rare cases in which treatment seems to have the effect of reducing, but not of curing the inflammation.

Dr. Emmet's preparatory treatment consists in curing the cellulitis which is so often present by the administration of vaginal douches of hot water once or twice a day, by applying iodine behind and all round the cervix twice a week, by supporting the uterus from the vagina by cotton pads soaked in glycerine, and so relieving the traction on the uterine ligaments and at the same time reducing the size of the cervix. The general health of the patient must be carefully attended to; she must be warmly dressed, and must take exercise, excepting during her monthly periods. The mucous follicles in the cervix are often enlarged, sometimes closed, and so distended by their secretion as to form small cysts. These must be carefully punctured and the contents evacuated, and this treatment alone will often reduce the cervix by one-half, and also allows the lips to roll in. By this treatment symptoms caused by the laceration will in some cases disappear, but in most, if nothing further were done, the patient would in two or three months be in as bad a plight as she was in before.

After the general health and the condition of the cervix have been inproved, Dr. Emmet proceeds to operate. A short time before the operation is begun, the patient is given an injection of hot water to contact the bloodvessels. Ether is administered, a Sim's speculum introduced, and, after a sound has been passed into the uterus to see the exact position for the cervical canal, the lower or left side of both lips is pared by picking up the tissue with a tenaculum and removing it with curved scissors. Any cicatricial tissue in the angles is most carefully dissected out, for Dr. Emmet believes that it acts exactly like a foreign body. This cicatricial tissue is found in greatest abundance next to the cervical canal, probably because the discharges from the uterus after delivery cause this side to heal more slowly. The upper or right side is then freshened in the same way. As thin a slice of tissue is removed as possible, except in those cases where there s much hypertrophied tissue, which has to be removed to allow the lips to come together. The central part of each lips is left undenuded, larger than natural, and wider towards the external os, as it is that end which gets most reduced in size after the operation.

The hæmorrhage is usually very slight unless the circular artery be cut; but the bleeding from it can be easily arrested by passing a suture deeply in the tissues below the artery, and thus exerting pressure. This is better and certainly much more easy than applying a ligature to the vessel itself, as the tissue in which it runs is very dense. Any oozing can be stopped by the pressure of the sutures, or a little hot water will easily arrest it. Dr. Emmet uses silver wires for sutures, and puts in from six to eight to the inch. The first one is put in deeply below the angle on the upper side, at right angles to the cervical canal, and the ends are then held by the nurse, who holds the speculum, and thus the cervix is steadied while the others are passed. The two sutures on either side of the os externum are put in at right angles to the others, and serve to roll in the lips and prevent any gaping at the crown. After all the sutures have been introduced they are twisted up and carefully bent along the cervix, so that the ends may not injure the vagina, and are then cut short. The after-treatment consists in daily injections of hot water after the second day. The bowels are allowed to move regularly, and the sutures are removed in a week or ten days.

With the exception of professor A. J. C. Skene, all the operators I have seen follow Dr. Emmet very closely in both his operative measures and in his after-treatment. The differences in Dr. Skene's way of getting to the same end may at first sight appear trifling, but in reality make the operation considerably more easy to perform. Dr. Skene does not give a vaginal injection before operating, and does not give ether unless the patient be very nervous, the tear a very extensive one, or the parts unusually tender. After introducing Sim's speculum he fixes on to each lip a pair of double-curved tenacula, so as to be able to move either lip in any direction, whilst with a pair of scissors, which he has named hawk-bill from their very evident resemblance, he cuts out with one snip first the lower and then the upper angle; and then, as it is usually necessary to denude a larger surface, he does it with Emmet's scissors. Some might suppose that the action of the hawk-bill scissors was too mechanical; but this is not so, as the lips of the cervix are held in exact position for the scissors by the curved tenacula.

Silk sutures are used instead of wire, and allow of lancet-pointed needles being used. The silk is rendered aseptic and incapable of absorbing any serum or other fluid by being soaked in a mixture of carbolic and salicylic acids and wax. I have seen a suture prepared in this way which had been left in a cervix for over fourteen months and done no harm, although the woman had become pregnant and been delivered while it remained in position. The silk sutures can be easily tied by Skene's suture-adjusters, there great advantage being that they do not obstruct the light as the fingers would, and allow of the edges being brought accurately together. After the sutures have been all tied, a tampon of marine lint is put into the vagina; this keeps the cervix steady by acting as an external splint, just as the silver wire acts as an internal one. The tampon also takes up all serum, and prevents it from becoming putrid. It is removed in forty-eight hours, and is not renewed, nor are any vaginal washes injected unless any suppuration—an exceeding rare occurrence—should take place.

I have had opportunities of comparing Dr. Emmet's and Dr. Skene's results, and there is nothing to choose between them. Dr. Skene kindly allowed me to operate on one of his patients; and I am sure that any one who has not Dr. Emmet's marvellous skill in operating about the uterus or vagina, nor has become wedded to his ways, will appreciate Dr. Skene's improvements, as I think, in performing this very useful operation.—Dr. Skene Keith, in *Edinburgh Med. Jour.*

Self-Infection in Puerperium.—Dr. Ohlfeld discussed this subject in the Medical Society of Giessen, Nov. 22, 1881, as follows:

Since infection from without has been reduced to a minimum in lying-in asylums, we are in position to observe cases of self-infection isolated from the rest. Hitherto in private practice it has been almost impossible to make these studies. But in the Giessen lying-in institution, the recognition of cases of self-infection is easily possible. Among the last 90 cases of puerperium, only six showed any signs of fever, aside from the affections of the breast. Self-infection during pregnancy and labor belong to the greatest rarities. Ohlfeld reports a case of prolapse of the pregnant uterus with placenta previa, still in the asylum, where the presenting placenta and decidua induced self-infection during pregnancy. Severe febrile affection before labor, spontaneous delivery of the uninjured ovum, retention of the decidua vera, extraction of it early on account of sharp septic symptoms, permanent irrigation, death on the tenth day after labor, were the features which characterized this case.

In the rule, self-infection occurs in the puerperal bed, and chiefly on account of the putrid decomposition of retained lochia (lochiometra), and retained blood In both these cases spontaneous discharge or manual dilatation of the os uteri quickly allays the danger. Much more dangerous is decomposition of the tissues still adherent to the uterine walls, placenta fragments, membranes, decidua. The author shows by examples that retention of the decidua vera above all other causes, brings on the dangers of septic infection. The chorion and amnion decompose very slowly, but the decidua with great rapidity. In retention of the chorion, fragments of the decidua are also held back, and it is from decomposition of this tissue that septic infection chiefly results. Kaltenbach first called attention to the dangers of hyperplastic deciduæ. The author speaks also or an illustrative case still in the hospital, a woman who was delivered of a syphilitic ovum. The whole decidua was retained, and was found rolled up in the uterine cavity.

Should fragments of the placenta remain, the decidua adherent to it undergoes decomposition. The placenta itself may remain a long time, and be finally expelled quite fresh. Only lately the author removed in private practice on the seventh day, and after the third day of high fever, a fragment of placenta upon which neither he nor the attending physician could detect the faintest odor or decomposition. Reports of similar cases often show the relics of the placenta to have been quite fresh.

The excitants of decomposition penetrate the genital tract with the air, partly during the examinations of the physicians, and partly on latera decubitus by aspiration.

If only decidua be retained, signs of infection are wont to show themselves quite early. A longer times it takes when the decidua is concealed or protected. Retained placental fragments can scarcely long escape the recognition of the observant physician. Accurate examinations of the placenta, daily (twice), introductions of the thermometer, regular observations of the pulse and temperature and of the discharges soon awaken the suspicion of retention. In practice among midwives, the physician may only see the cases when the more dangerous symptoms are already present, high fever, chills, etc.

So long as the os uteri may be entered with the finger, the fragments should be removed manually, without use of an instrument, which may add new insult to the tissues, and irrigation should be practised at once. It is not necessary to extract the masses loosened by the finger bent into a hook. Irrigation and induced contraction act much more safely. If the os uteri be impenetrable, irrigation must be diligently practised, and in urgent cases be made permanent.

Immediately after extraction of the retained masses, the temperature falls to the normal degree, to rise usually a few hours later, yet not to its former height. The pulse falls with the temperature, but not so rapidly. The recurrence of these manifestations is to be referred to the fact that the uterine contractions induced check resorption for the time. After relaxation, resorption begins again, but the amount of putrid material has been lessened.—*Berl. klin. Woch.—Cincinnati Lancet and Clinic.*

Alcohol in Therapeutics.—In a course of addresses on Abstieence, delivered before the Hunterian Society of London in 1878, Dr. Benjamin W. Richardson sounded the keynote when he advocated the use of alcohol in medical practice in lieu of beer, wine, whisky, and other liquors containing alcohol. Within the past few years the medical officers of the Inebriates' Home at Fort Hamilton, N. Y., have adopted Dr. Richardson's suggestions in the treatment of the various forms of alcoholism when the use of alcohol was indicated, and have found the following benefits to proceed from their adoption:

1. The satisfaction of having a solution containing a definite percentage of alcohol, thus providing an exact system of dosage.

2. A very marked saving, and therefore a method of value from an economical point alone, especially in those institutions where the liquor-bill is a large item of expense.

3. The moral effect on the patient, in compelling him to at once break off his accustomed stimulant and providing a "medicine" as an efficient substitute.

4. The advantage which the alcohol has over brandy, whisky, etc., is that owing to accuracy and concentration of the dosage the patient convalesces in one half the time and with less suffering.

In the annual report for 1880 of the Asylum for the Insane, London, Canada, Dr. R. M. Bucke, superintendent, says: No beer, wine, whisky, or brandy has been used in this asylum during the last twelve months. In place of these, in certain cases of illness where alcohol appeared to be indicated, we have given this in its pure form—mixed of course with water, as other medicines are. In this way we have consumed in the course of the year four gallons, six pints, and fifteen ounces of alcohol, equal to about nine gallons of whisky, or one gallon of whisky to every one hundred patients under treatment, as against (in former years) three hundred dollars' worth of beer, wine, and whisky to every one hundred patients treated."

Another advantage which this method of prescribing alcohol possesses is the lesson which the community will receive in a quiet way that the proper place for alcohol in many of its forms or combinations is the shelf of the pharmacist.

Moreover, in a properly-compounded prescription containing alcohol the physician will have a much greater control of the future physical and moral welfare of the patient than if he directed him simply to take alcohol as contained in one of the various forms of liquor in common use.

It may be added that Dr. Norman Kerr and other London physicians of eminence have indorsed and adopted the plan of Richardson, and the quotation from the report of the asylum in Canada shows that the method is being adopted in other institutions besides the Inebriate's Home at Fort Hamilton.

We may further note that it is necessary the alcohol should be disguised by the addition of the various carminatives or bitter tonics, and also colored by caramel, so that the patient may not be unnecessarily informed as to what he is taking.

We use what we term our "absolute mixture" in treating patients, as a rule, and without their knowledge as to the fact that they are taking alcohol.

We further find that the ninety-five-per-cent alcohol is equally as efficient as the absolute which we formerly used and which was more expensive.—Dr. L. D. Mason, in *Medical Record.*

Incision of the Pericardium.—Rosenstein reports the following case, which was briefly alluded to in the Journal of November 10, 1881: The patient was a boy 10 years old. He had enjoyed good health till 14 days before administration, since which he had suffered from gastric symptoms, cough, feverishness, and had taken to his bed. On admission his cheeks were white; lips and tongue pale red; skin moist; temperature 99.6° F.; pulse 108, small, very soft, regular; respiration 40, costo-abdominal; the left side of the chest in the mammary region bulged outwards, the apex beat could be neither seen nor felt, and the heart sounds were inaudible everywhere; percussion defined an area of dullness, roughly triangular, with the base downwards, commencing in the second left intercostal space, and extending on the left to the axillary line, on the right as far as the nipple; change from the recumbent to the sitting posture did not alter the shape or size of the dull area; the lungs were normal; the liver was pushed outwards; the spleen was not enlarged; the bowels were regular; the urine was not albuminous. An exploratory puncture with Pravaz's syringe drew off a small quantity of pure pus, and on the evening of the same day urgent dyspnœa suggested the propriety of paracentesis, which was performed in the fourth interspace, close to the sternum, and more than 20 ounces of pure pus drawn off. The operation was followed by great relief, but of short duration. Fever of an intermittent type appeared, the evening temperature being 102.9° F., the pulse grew more frequent, and the urine became greatly diminished. This was due to serous effusion in the left pleural cavity, and as in a few days the dullness reached the supra-spinous fossa, the fluid (more than a quart), was removed by aspiration. A second puncture of the pericardium succeeded in removing only four ounces of pus. Percussion showed that the dull area varied with the posture; on sitting up it was two centimetres higher than on lying down. The heart sounds were feebly audible, and accompanied by slight friction. The general state of the patient was unsatisfactory. He slept badly, although the fever was slight (temperature 99.3° to 100 4° F.); his appetite was bad: the pulse was 120, small, irregular, unequal, and paradoxical; the respirations were 44, with orthopnœa; the lips and cheeks were cyanosed; the veins of the neck were swollen; there was some œdema of the scrotum and feet; the urine was scanty, but free from albumen. After consultation an incision was made in the fourth interspace, near the sternum, a little more than an inch in length, under strict antiseptic precautions, dissecting down layer by layer until the pericardium was exposed; this was punctured with the point of the knife, and the opening enlarged with a probe-pointed bistoury. A great quantity of pus escaped. Two drainage tubes were put in the wound, and Lister's dressing applied. The effect on the subjective condition of the patient was considerable, but the pulse remained very low; and the urine scanty. On the day after the operation the temperature was 100.04° F.; the dressings were changed on second, fourth, and seventh days. The pulse had now become regular, of fair volume, and the œdema had disappeared; the heart sounds were now distinctly heard, accompanied by friction. On the 20th day after the operation, the pericardial wound was healed. The left pleural cavity again became the seat of effusion, which was not purulent; afterwards a quart was removed without much improvement, and, the fever having recurred, an incision was made, and 50 ounces evacuated, after which the patient remained free from fever, and

was discharged two and a half months after the pericardial incision.

Professor Rosenstein draws the following conclusions from this case: 1. Purulent pericarditis, like empyema, may occur without rise of temperature or œdema of the surface, so that only puncture can decide the diagnosis. 2. The fear of some obscure changes in the myocardium should not deter us from evacuating such exudations. 3. In accumulation of large quantities of fluid in the pericardium, change of posture may have no influence on the shape of the dullness.—*Berl. klin. Woch.—Boston Med. and Surg. Journl.*

Chinolin as a Substitute for Quinine.—If all that is asserted of chinolin be true, it certainly has advantages over many of its competitors for public recognition as a cheap substitute for quinine, in the abundance of its source and its antiseptic and antiperiodic properties. It was first prepared from Dippel's animal oil, nearly forty years ago, by Runge, and it is now recognized as a component part of coal-tar. Later it was obtained by distillation of quinine, cinchonine, and other alkaloids, and it may also be prepared synthetically by repeated distillations of a mixture of seventy-six parts of aniline, forty-eight of nitro-benzole, two hundred and forty of glycerin, and two hundred of sulphuric acid. It is an oily liquid, of peculiar odor; but when combined with tartaric acid as tartrate of chinolin, it forms silky crystals, closely resembling sulphate of quinine, and is soluble in water.

Chemically, as well as in its physiological action, chinolin is closely related to the cinchona alkaloids. Experiments conducted by Dr. Donath and others go to prove that it has a noticeable lowering effect upon the temperature of the body, and that even in weak solutions it retards decomposition, whilst in stronger solutions it entirely prevents it. It also prevents the coagulation of egg-albumen and the formation of yeast-cells, and is an active poison to bacteria or fungous growths.

The effect of chinolin on mucous membranes is somewhat irritant; but it may be taken in doses of thirty grains or more without harm. The mode of elimination of chinolin is still under investigation, it having been proved that it does not pass off in the urine, at least unchanged.

In regard to the therapeutic value of chinolin there remains much to be demonstrated, as hitherto its use has been limited to a few exceptional cases. Dr. Harrington, of this city, reports the results of a trial of chinolin in the wards of the Jewish Hospital.* He employed the tartrate in four cases of intermittent, in doses of from ten to twenty grains dissolved in water. He states that the administration was not followed by emesis, except in one case, in which there was gastric irritability previously, the same patient subsequently retaining it well. It did not in any case produce ringing or buzzing in the ears; but the exhibition of the drug was followed by a lowering of the temperature and a partial cessation of the other attending symptoms. Judging from the limited number of cases, it would appear that chinolin tartrate has some antiperiodic action, but does not as yet fulfil all that is claimed for it. —*Medical Times.*

Sulpho-Tartrate of Quinine with Liquorice and Coffee.—By combining the sulphate of quinine with tartaric acid and liquorice root and roast coffee, Carlo Pavesi, a distinguished Italian chemist, obtains a preparation which disguises a great deal the bitter taste of quinine. The method that he uses is very simple and easy to be prepared, even in the most modest laboratory.

The following is the formula:

Sulphate of quinine	1 p.
Tartaric acid	1 p.
Liquorice root in powder	5 p.
Roasted coffee in powder	25 p.
Water, q. s.	

"In a convenient percolator," says Mr. Pavesi, "the powdered liquorice and coffee are placed; over them very warm water (enough to have these substances exhausted) is poured. The liquid, which passes through the percolator, is evaporated to the consistence of syrup, then the sulphate of quinine well mixed and dissolved with the tartaric acid is added and the whole mass is further evaporated to dryness but by a slow process, in order to preserve the aroma of the coffee and the other extractive principles.

"The salt thus obtained is the sulpho-tartrate of quinine, a brown powder of a coffee-looking color, very soluble in water, slightly bitter but rather agreeable to the taste. Treated with the common reagents the sulphate of quinine is found unaltered, because the coffee, when roasted, loses its tannic principle, which is considered as being the cause of decomposing the sulphate of quinine.

"A syrup of sulpho-tartrate of quinine can be obtained by dissolving fifty parts of the brown liquor from the percolator with one part of sulphate of quinine and one part of the tartaric acid, and then evaporating to the consistence of syrup.

"This syrup is convenient for children. Each twenty-three grains contains a half gram of sulphate of quinine and a half gram of tartaric acid." —*Independente of Turin, N. O. Med. and Surg. Jour.*

Chlorate of Potash Poisoning.—The use of chlorate of potash as a household remedy, especially for children, is so common, that it is well to note the somewhat frequent occurrence of the fatal effect of overdoses of this drug. Dr. Satlow, of Leipzig, reports the case of a boy fifteen and a half years old, convalescent from diphtheria, who was attacked with symptoms of poisoning after swallowing a solution of chlorate of potash and water amounting to from twenty-five to thirty grammes of the salt. On the night of December 24th, after drinking the mixture, he was seized with frequent vomiting of dark green masses very similar to thin fæcal discharges; at midnight a small quantity of dark urine was passed; at daybreak the patient was noticed to be jaundiced. December 25th, nine A. M., the temperature was 37° C.; pulse 124, weak; respirations 40. Skin cyanotic; lungs normal; heart sounds normal, excepting that the first sound was somewhat prolonged; some epigastric tenderness; liver enlarged and palpation both in this region and over the spleen, which was also enlarged, caused great pain. There was suppression of urine, none having been excreted since the small quantity passed in the night, the bladder having been found by the catheter to be empty. The patient complained of weakness, præcordial anxiety, and dyspnœa; the mind was clear; the vomiting continued every fifteen minutes. The anuria continued until December 26th, four A. M., when a few drops of dark-red, dense urine were passed, accompanied by burning pain; the vomiting

*Medical Bulletin, Monthly Review of Medicine and Pharmacy.

continued. Temperature 38.2° C.; pulse 104; respirations 28. At four P. M., the patient felt a little better, but a slight convergent strabismus of the left eye was noticed. The symptoms continued although stimulants were freely given and transfusion resorted to twice, and on the morning of December 28th the patient died, his mind remaining clear to the last, and death resulting gradually from increased weakness of the heart, accompanied by dyspnœa and subjective feelings of coldness and paralysis of the feet progressively extending upwards. The post-mortem appearances, besides showing intense catarrh of the gastro-intestinal canal and enlargement of the liver and spleen, were especially interesting as showing the effect of the chlorate of potash on the blood, which was similar to the results obtained by the experiments of Marchand with this salt, the blood having the chararteristic brown color (lackfarbig) and the density of syrup and the red corpuscles being especially affected, becoming pale and glutinous and gathering together in irregular clumps. A large quantity of reddish-brown fragments, supposed to be hæmoglobin, had been found in the urine passed on December 26th, and on examination of the kidneys these same masses were found in large numbers, especially in the convoluted and straight tubules, only sparingly in the glomeruli, and not at all in the interstitial tissue. It was also noticeable that there was no sign of an inflammatory condition anywhere in the kidney, the interstitial tissue being absolutely normal, and the epithelial cells of the tubules, although compressed by the masses of hæmoglobin, showing no trace of cloudiness or infiltration.—*Jahrbuch für Kinderheilkunde.*

The Treatment of Pneumonia at Bellevue.—The motive of the general treatment of pneumonia at Bellevue Hospital is to sustain the powers and stimulate the functions of the patient till the comparatively brief and self-limited disease shall have spent itself.

The pulse is taken, rather than the temperature, as the guage which best indicates the capacity for resistance, and an increase in its rapidity and diminution in its force are understood as a call for stimulants. The forms of stimulation used are to some extent subject to differences of opinion on the part of the visiting physicians, but all are agreed as to the value of whisky, and there is almost as much unanimity in their regard, for the carbonate of ammonium. Digitalis is much used; but it is objected to by some, partly because experience seems to indicate that in some cases, when the crisis of the disease has passed, patients are left, after its use, in a condition less favorable for recovery, and partly from the theoretical consideration that this drug is not general enough in its action. Camphor has been employed by some as a diffusible stimulant.

The general treatment of pneumonia is then by simple stimulation. In special conditions, however, more is done. When the patient is first seen, if he is suffering from considerable pain, a few doses of morphia are recommended.

If the disease is seen at its outset, and if the outset is violent in character, one at least of the leading physicians on the visiting staff believes in the good effect of a few doses of aconite, but its use is not general in the hospital. The spirit of Mindererus, sweet spirit of nitre, calomel, and Dover's powder, are used by some in the first stage of the disease. Quinine is occasionally called upon to bring down the temperature when it rises to a serious height. One of the visiting physicians makes a special point of the importance of watching the kidneys and seeing that they perform their duty well.

The appearance of œdema of the lungs finds all agreed upon the necessity of crowding the stimulants. But beyond this there are some differences of practice. They would be included in the use of dry cups, the hot pack, oxygen, and, in the few cases which are entirely suitable for it, bleeding.—*Medical Record.*

Extirpation of the Lung.—The latest attempt to extend the domain of surgery, at any rate, as regards the lower animals, is the removal of the lung. Gluck appears to have first conceived the idea that so tremendous an operation might be endured, and after some experiments on dead bodies, he performed the operation on dogs, and found that it was fairly well borne, and that the animal might recover perfectly. When death occurred it was due to pericarditis or to pleurisy on the remaining side. He believes that in man diseases of the lungs are not so far recovered from surgical interference as is commonly believed, and that the excision of a diseased lung or part of a lung, under certain circumstances, be a justifiable operation. Analogous experiments have been made by Schmid. On eight dogs operated on, five died from two to three days after the operation; three of the animals recovered. Schmid concludes that the lung can be operated on without special mechanical difficulties and without important hemorrhages. He has practised a similar operation on the human (dead) body, and found that after resection of two or three ribs there was no special difficulty. M. Marcus, in France, has been unsuccessful in his attempts to excise the whole lung in dogs, as the animals quickly died, but a rabbit survived the operation. These experiments may encourage the minor applications of surgery to the lung; but it may be doubted whether the excision of a part would ever be justifiable, since the diagnosis of malignent disease can rarely be made with such certainty and sufficiently early to permit its excision; and the applicability of the operation to the cases for which it is suggested by Schmid, tubercular disease of the apex, is manifestly absurd.—*London Lancet.*

Chloralated Tincture of Iodine.—The tincture of iodine stands foremost in the list of immediate external coagulants and remedies provoking adhesive inflammation in closed cavities. Injections of iodine may bring about a cure by first as well as by second intention. The former takes place when cure results from one injection, as in ascites, hydrocele, etc.; the second when several injections are necessary, as in atheroma and cold abscesses. Carlo Pavesi (Lo Spallanzi), to further increase the therapeutical powers of the tincture of iodine, adds to it chloral, which dissolves in it without decomposition. The resulting preparation is miscible with water without precipitation. The proportion of its ingredients are: Iodine (very pure), twenty parts; chloral hydrate, thirty parts; spirits of wine (strength 36), one hundred and forty parts. Mix, filter, and keep in an emery-polished bottle. The liquid is of a golden color, soluble in water, and has an odor and taste which indicate its ingredients. The chloralated tincture of iodine, on account of its markedly coagulating albumen, is an excellent hemostatic, and Dr. Pavesi considers it also very useful as an antiseptic and hypnotic. *American Practitioner.*

THE ACTION OF CALOMEL ON FERMENTATIVE PROCESSES AND THE LIFE OF MICRO-ORGANISMS.—Wassilieff, of St. Petersburg, has quite recently performed a very valnable series of experiments in Hoppe-Seyler's laboratory on the action of calomel in artificial digestion and on its action in preventing the formation of low forms of life in fluids prone to undergo decomposition. Calomel has, from time almost immemorial, been used with alleged success in disorders of the stomach and alimentary canal, especially in children. Its use is also greatly commended in the early stages of typhoid fever (Liebermeister.) It is alo an undoubted good influence in cholera, infantile cholera, etc With the exception of a passing notice in one or two hand-books, there is no attempt to explain the method by which these results are produced.

Köbler, in his compendium, attributes the beneficial action of calomel in typhoid fever, cholera, dysentery, etc., to its power of destroying fermentation. Voit, in 1857, observed that the white of egg and blood mixed with calomel would remain for a day without putrification. Hoppe-Seyler, in his work, mentions the anti-putrefactive property of calomel, and explains in this way the appearance of green stools after its administration. The first set of experiments conducted by Wassilieff was to ascertain what, if any, influence was exerted on the artificial digestion of fibrine by the addition of calomel. The result was that this agent was found to influence in either furthering or retarding the albuminoid gastric digestion. It was also found that calomel had no influence on albuminoid pancreatic digestion. Besides the formentation of peptomes, leucin and tyrosin, pancreatic digestion is attended by the formation of other substances, as Indol, Phenol, Scotol, Kresol, &c. These have been supposee to arise from putrefactive changes taking place in the albuminoids in the intestinal canal. In proof of this, we have it demonstrated by Wassilieff that calomel has the power of preventing their formation, while it exerts no influence on the manufacture of peptones, leucin, or tyrosin. It has been shown by Hufner that not all gases which are found in the intestinal tract are the consequence of the unorganized ferments of the natural secretions on the food, but gases such as hydrogen and sulphuretted hydrogen, which are constantly present, are due rather to fermentation and putrefaction, brought about by active, low organisms. If artificial digestion of pancreas extract is carried on with the precaution of avoiding the introduction of organisms, with the exception of carbonic acid, no other gases are formed. In many experiments Wassilieff did not once find either hydrogen or sulphuretted hydrogen present in a digestive pancreative mixture, to which calomel had been previously added, thus showing that calomel acts in the same manner as does the procedure which prevents the introduction of organisms. It was also noticed that carponic acid appeared in much smaller quantities when calomel was added to the digestive mixture than in the control experiment.

The next problem that Wassilieff undertook to decide was the cause of the saponification of fat. Is this change owing to a special ferment in the pancreas, or is it due to the decomposition of the albuminoids? Wassilieff concludes that the pancreas possesses a special ferment for the saponification of fats, on account of the fat undergoing this change in the absence of putrefaction, as it does when colomel is added. From another series of experiments, it is concluded that calomel behaves itself in the same way towards the *amylolytic* ferment of the pancreas as it does towards the *albuminoid* and *fat* ferments of the glands. Calomel acts therefore in the same manner as does salicylic acid (Kuhne) and arsenic (Scheffer and Böhm). In short, calomel in artificial digestion prevents the formation of those products which result from decomposition, and exercises no influence on the normal ferment. Calomel also possesses the power of preventing butyric acid fermentations. As regards the influence of calomel on micro-organisms, Wassilieff concludes (1) that it prevents the development of organisms in a cultivating fluid [Bucholtz-Wernich]; (2) the activity of already developed bacteria and micrococci is destroyed. According to Wernich's nomenclature, calomel is bote antiseptic and aseptic.—*Canada Med. and Surg. Journal.*

INTRAUTERINE TREATMENT. Credit A. Martin, Berlin (*Zeitsch. f. Geb. ü. Gynäk.*, Bd. vii. Hft. 1).—The writer first considers the various methods for rendering the cervex permeable. He dismisses sponge and tupelo tents, the one for their danger, the other on account of their limited sphere of expansion. Ebell's and Barnes' dilating bags he mentions as useful but cumbersome. After mentioning the various other methods employed, he recommends that of Schroeder, which consists in splitting the vaginal portion of the cervix and then forcing from above or pulling down the uterus over the finger, and subsequently sewing up the wound made. He holds in reserve the use of tangle tents for cases where there is, along with narrowing of the canal, great hardening of the tissues. He does not, however, consider dilation of the cervix indispensable previous to making intrauterine applications or performing curetting in the majority of cases. For hemorrhagic endometritis, profuse menstruation following abortion, and some cases of dysmenorrhœa membranacea, he recommends that the uterus be pulled down with a vulcellum, and a steel curette used, after which the cavity is to be washed out with a 2½ per cent. carbolic lotion, and a little perchloride of iron injected. He has treated over 300 cases in this way, and in 94 per cent. with good result. He relates three perforations of the uterus, in none of which any harm ensued. He recommends curetting in all cases of disease of the uterine mucous membrane, whether associated with a previous pregnancy or not.—*Edinburgh Med. Journal.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Fever.

The condition expressed by this term is the one most frequently encountered by the medical man, while the nature of its phenomena does not yet seem to have been correctly accounted for by the votaries of science. We are reminded of the truth of this statement by an article in the New Orleans *Medical and Surgical Journal* for February, on "A Rational Explanation of Fever and its Phenomena," by Dr. B. Elliott. In this article Dr. Elliott endeavors to explain how the phenomena of fever are brought about. "Fever," he says, "is not the expression of a special disturbing agent, but the invariable expression of a thing disturbed"—the thing disturbed being the nervous system, which he divides into three parts, to wit, the cerebro-spinal, the ganglionic, and "certain automatic centres" of the cerebro-spinal system. The mode in which the nervous system is disturbed is depression: "In a healthy person who is invaded by fever, we have first a state of nervous failure. When finally the nervous system can no longer contend against the depressing cause, a sudden and marked nervous prostration ensues. This is the period of chill which is the common expression of nervous failure that precedes the febrile state. The same condition of nervous disturbance that will account for the increased temperature of the fever state, is here already in existence, for we must truly regard even the sthenic febrile condition as still one of nervous depression—a continuation of the state so suddenly announced by the chill."

"The most prominent characteristics of fever are elevated temperature and a cessation of tissue repair."

"Fever must be defined as a pathological condition resulting from a failure of the nervous centre controlling tissue repair and tissue integrity, which the transportation of chemical energy into tissue-building force ceases, and its transformation into heat ensues; and we must add, during which, through the same nervous failure tissue already built becomes readily subject to combustion."

This writer also defines fever to be "an evidence of a disturbance of nervous function, during which there is a violent alteration in the relations of tissue destruction and tissue repair, but we should expect to find through all the apparent disorder of the violent alteration, a strict quantitative relation existing in the transformations of force that are occurring."

He also speaks of fever as consisting of a "group of phenomena."

The *rationale* of this "rational explanation of the phenomena of fever" can almost be gathered from these scattered sentences, bnt it needs a further slight elucidation, which the writer furnishes. In fever, tissue-building (nutrition) ceases, and heat production increases. In other words, the "chemical energy" of the nervous system is unequal to the task of performing two functions, and is performed only in one direction, that of combustion or heat.

The idea of the transformation of the "chemical energy" of the nervous system is based upon the molecular changes which occur in the simplest form of electric battery, between the action of which and of the nervous system there is an analogy.

What then is fever according to the theory of this writer? Increased heat of body. How is it produced? By the failure of the nervous system to supply sufficient "chemical energy" to be transformed into tissue-building force and heat, in consequence of which increased heat ensues.

This theory seems diaphanous, and we would respectfully suggest to the writer that he should try to amend his views, and present them in some newer and less startling guise. The use of the phrase "chemical energy" for nervous force or vital force is confusing. It is undeniable that nerve force possesses chemical properties and produces chemical effects, but neither properties or effects are purely chemical in their character.

A writer who attempts to explain the nature of fever, should have some definite idea of what he undertakes. He who speaks of fever as consisting of "a group of phenomena," when his group is found to be made up of a single phenomenon, will learn that his explanation of his "group" needs to be explained.

Sea-Sickness Again.

This disorder is coming prominently to the front, and is to have an entire treatise devoted to its consideration. We learn this from an announcement to that effect from the publishing house of P. Blakiston Son & Co., of Philadelphia. Accompanying this are some "Preliminary Observations on the Pathology of Sea-Sickness," by J. A. Irwin, M. A., Cantab, etc., the author of the proposed treatise, the closing sentence of which is: "I shall welcome criticism." The views set forth which are termed "novel" by their author challenge criticism by their very novelty.

It seems that physiology has recently revealed the fact that man is endowed with a supplementary special sense, the function of which is to determine the position of the head in space and to govern the æsthetiko-kinetic mechanism, by which is maintained

the equilibrium of the body; and it is located beyond doubt in the semicircular canals of the internal ear. Sea-sickness is a disorder of this function caused by motion, which produces sickness by disturbing the endolymph in the semicircular canals. The outline of the theory or of this novel view of the pathology of sea-sickness is as follows:

"The endolymph flowing freely in the semicircular canals and subject to all the physical laws of fluids—inertia, gravitation, friction, etc.,—follows the motion of the head (and ship) in those canals whose plane corresponds most nearly to the direction of that motion. When the motion is suddenly reversed by the semirhythmical oscillation of the ship, or altered in direction by the advent of a new wave striking her on another point, the endolymph continues to move on in the original direction until stopped by friction. This causes undue pressure in one or more of the ampullæ, by which wrong impressions are conveyed to the sensorium and incoördination, giddiness, etc., are the result. The otoliths are washed out by each movement of the fluid; the ciliæ and the terminal nerve filaments are irritated and abused; and when this process has continued in operation for a certain time a condition is set up, which represents the true primary pathology of the ordinary form of sea-sickness—*irritative hyperæmia of the semicircular canals.*" (Italics, the author's.)

The course of events in any given case of the disorder is as follows: "The endolymph follows the motion of the head, and after that has stopped, continues for a second or so to move on in the original direction. During this second (or so) erroneous impressions are conveyed to the sensorium, which in turn sends a mistaken message to the abdominal muscles, a wrong set are brought into action and complete abdominal confusion is the result."

This is brilliant, sublime, esoteric. Those of us who stand at the outer door of the temple have been waiting and yearning for the utterances we knew would some day come. Now our souls' longings are satisfied. Sea-sickness begins in the ears and the ear-stones are washed about by the endolymph. Our greatest solicitude is now as to what the laity will think when they learn these facts. Of course all who have experienced nausea have labored under the very natural impression that it arose in their stomach; and now they will discover that it proceeds from their ears, and is due to a disturbance of their æsthetiko-kinetic mechanism.

It only needs that the Sir Oracle of American neurology should bedevil these views with his neurasthenia and *thalassaphobia* and no one will hereafter be able to recognize the ancient enemy of the sea-travelers in its new garb.

We understand now why occasionally a man who has taken on board too heavy a cargo of liquor becomes so strangely afflicted. The weight of the load makes him stagger, and the motion disturbs his æsthetiko-kinetic mechanism, his ear-stones are washed about and sometimes abdominal confusion ensues.

The author states that his work is the result of the clinical study of four thousand recorded cases. He might probably have forty thousand cases to study and know as little about the disorder as he does now.

Shades of Æsculapius deliver us from the asthetes of medicine!

We will not criticize; the naive and charming simplicity of these "novel views" disarms captious criticism.

An Illustrative Case.

Cases cited by writers often convey lessons not intended by those who record them. An instance of this occurs in the St. Louis *Medical and Surgical Journal* for February. Dr. R. J. Curtiss has an article in this number on the subject of "Nervous Shock as a Therapeutic Agent." Shock is a recognized cause of disease, and frequently of death, and Dr. Curtiss argues that shock by drugs, electricity, etc., have a beneficial effect when used as remedies, and sometimes cure nervous diseases, without reference to their action on the cause of the disease. He holds that it is the shock of the operation of præputiotomy that relieves the reflex disorders, and that otherwise there is nothing curative in the operation.

In support of his view he cites the case of a patient who was under his care, and was treated by him continuously for months. The history of the case is interesting and instructive. The patient, a woman, in 1879, had been divorced four years, during which time she had been treated by different physicians for uterine disorder. In the first year she was treated for ulceration; next for perineal rupture, which had never existed. When she applied to Dr. Curtiss she was "as bad as ever." The symptoms were a burning pain in the pelvis, tenesmus in paroxysms, of three weeks' duration with tpmpanitis and throbbing. Hyperæsthesia of the parts existed during the paroxysms, and pressure gave pain, but during the intermission these symptoms were not present.

Dr. Curtiss read in Emmett's work of a similar case which had been relieved by the use of a pessary. and he tried them of all sizes, until a tenesmic paroxysm occurred, when they became intolerable, and had to be relinquished. He then tried quinine, but in a few months this remedy had to be given up. At this time he read that all uterine diseases were due to congestion, by obstruction of the circulation caused by stricture of the cervix, and he accordingly tried bougies and other dilators without effect. The next idea obtained from journalistic literature was that the condition was the result of endometritis, to be treated with tr. iodine co. He adopted this and gave it a trial, until by some disarrangement of his instrument, he injected a drachm of the tincture into the cavity, producing a severe nervous shock, and this treatment was incontinently discontinued, and for a while the patient got a rest. During this period the doctor read a couple of articles, in which the condition that his patient was suffering from was

ascribed to anal fissure. These articles were so graphic that they convinced our doctor that his patient was the subject of a fissure, which had been overlooked. He searched for this and found it not, but nevertheless he eked the sphincter with all his might, because the article referred to proclaimed the doctrine that the procedure was equally beneficial whether a fissure existed or not. The shock of this was sufficient, and the patient is reported cured by fraud (perineal stitching), accident (uterine injection), and design (anal stretching).

The doctor is positive that this was not a case of hysteria or "speculum mania," but of vaso motor disturbance, and the lesson which he would inculcate is that the shock of the fraudulent, accidental, and designed procedures produced a cure, and that none of them were directed to the cause of the disorder, or could have operated in any other way than by the shock which they gave to the nervous system.

We confess an acute disappointment at the conclusion of this case, for we think its continuation should be: About this time Battey's operation came into vogue, and the patient was treated to exsection of the ovaries, from which she died.

He who runs may read the other lessons of this case between the lines.

Eclampsia.

This term is generally employed to denote the convulsions which occur to lying-in and pregnant women, and it seems redundant to treat of it as "puerperal" eclampsia. The nature of the disorder is yet the subject of much controversy and difference of opinion. A contribution to the literature of the disease appears in the St. Louis *Medical and Surgical Journal*, from the pen of Dr. G. M. B. Maughs. He ascribes eclampsia to the blood state and condition of the nervous system peculiar to and essentially connected with the pregnant female. The blood, he says, is deterioated and loaded with excrementitious material, so that we have hydrohæmia, hyperinosis and leucocythæmia, while the nervous system is in a state of great excitability. Of course this excludes the albuminuria theory of eclampsia. The doctor seems to lean to the Traub-Rosenstein pathology; that is, the blood being hydræmic and the left ventricle hypertrophic, there is an increased pressure in the arterial system; this is intensified during a pain, causing hyperæmia; this on account of the hydræmia, causes œdema; this causes anæmia, and the effect of the anæmia is an eclamptic seizure. The treatment directed is first free and copious bleeding to relieve the congestion, and if the Traub-Rosenstein theory is true, anæmia of the brain—next free catharsis by calomel and elaterium—then anæsthesia by chloroform—and then hypodermic injection of morphia.

In connection with this we quote from a letter written by Dr. S. M. Hamilton, in the *Medical and Surgical Reporter* of Feb. 11th. Dr. H. takes exception to an article by Dr. L. McFarlane, which appeared originally in the *Canadian Journal of Medical Science*, on "The Use of Morphia in Eclampsia." He states that the cause of the convulsions is not a constant quantity. If it were, a constant pathology would ensue, and a logical sequence would be a specific remedy. He ascribes the disease to three widely different conditions: 1st, a true cerebral hyperæmia; 2d, anæmia or "the hysterical variety," and, 3d, uræmia from granular degeneration of the kidney. The majority of the cases belong to the first category; that is, are due to cerebral congestion, in which of all remedies opium is most contra-indicated. Dr. H. thinks that in these cases the necessity is urgent and the indications plain for the use of the lancet to be followed by a drastic cathartic.

The views of these two writers are in close accord, as to pathology and treatment.

The Traub-Rosenstein theory appears nebulous and unnecessarily involved. It is difficult to conceive how an eclamptic seizure should depend upon anæmia, which is due to œdema, which is due to hydræmia, which is due to hyperæmia, which is due to increased arterial tension and hypertrophy of the left ventricle. The cause here appears to be far-fetched.

A rational explanation of eclampsia would base its phenomena solely upon disturbance of the nervous system. The symptoms—the œdema of the upper extremeties, the disordered vision with subjective perception of flashes of light, the headache, the impairment of hearing—all point to the nervous system as the seat of derangement. The suddenness of the seizure followed by frightful and frequent spasms all show that eclampsia should be classed with the neuroses. The practice, ancient now and long since generally abandoned, of abstracting blood in this and kindred diseases is almost entirely discountenanced by the profession. They are amenable to other and better therapeutic agents, and yield in some instances to the bromides, in some to stimulants, in some to electricity, and in others to remedies addressed to the neurotic condition. We are confident that if we could hear from those who have encountered eclampsia and treated it as a neurotic disorder, we could have abundant testimony to controvert the doctrine of its humoral pathology and to prove that treatment founded upon this doctrine is erroneous.

Priapism Accompanying Injuries of the Spine.

Dr. William Hunt is reported in the *Medical News*, of Feb. 25th as follows: I discussed in a lecture on Injuries of the Spine, the symptom of priapism, which sometimes exists after those injuries and which when it does occur is a sure index of what has happened, and mostly of serious import. I also called attention to the fact that it may exist after injuries anywhere along the column and that I could confirm this from my own clinical experience. I then showed that the explanation is not

to be sought for on the theory of centres somewhere in the cerebro-spinal axis, but that the phenomenon is due to disturbance of the vaso-motor nerves through the direct involvement of the sympathetic and its ganglia in the injury, I also called attention to the fact that in normal erection, the intensity of sexual passion, or local irritation, overcomes the inhibitory function of the sympathetic system, and that this function is also overcome when the sympathetic is lacerated, irritated, or divided at the same time that the cord is injured, in the latter case erection occurring without sensation and being more or less persistent according to the severity of the injury.

Thus it is not necessary to trouble one's self about a special nerve centre ruling over the function we are considering. Thus also this symptom in accidents to the column and cord are explained; also why some have it and others do not, why it is evanescent in some and in others almost constant, why it may appear in injuries occuring anywhere along the spine, where there is no sensation when it occurs as an accompaniment of laceration or pressure on the cord, for communication with the brand is cut off; and why, also, it is rare to find it in diseases of the membranes or cord.

When the wounding missile or crushing force breaks the spine and involves the cord, and there is accompanying priapism, then the neighboring ganglia or nerves of the sympathetic and bruised or wounded at the same time from being caught in the line of the crush or wounded missile. When this symptom does not occur the sympathetic has escaped. I have no doubt that when it occurs in hanging, the superior cervical ganglia are caught in the squeeze. In most cases of disease the lesion is within the canals and the sympathetic fibres are not involved.

This explanation has not been accepted by some of my physiological friends as entirely satisfactory, but their views are based mostly on theoretical grounds.

Empiricism and Specifics.

In a recent lecture delivered by Jonathan Hutchinson, F. R. C. S., at the London Hospital, he speaks a good word for the empirical treatment, using the word in its classic sense as meaning the treatment derived from experience. In that sense indeed we are all empirics. He says, speaking of a case of pemphigus treated with arsenic to uninterrupted recovery: With such a fact before you, let me beg of you, gentlemen, to believe in drugs and to treat empiricism with respect. In the prescription which I ordered, I availed myself solely of empirical knowledge; I prescribed, just as any old woman might prescribe, that which I knew would do good. Concerning the nature of pemphigus, I know nothing; of its cause, absolutely nothing; of its clinical relationship, but little; of the *modus operandi* of arsenic, I know scarcely more; but this I did know, as a fragment of assured conviction, that arsenic would cause the pemphigus eruption to disappear. Far be it from me to speak slightingly of scientific work, but whilst doing such work, let us remember that, as regards the relief of suffering, much of our usefulness is based upon knowledge which is nowise scientific. We have many specifics for many symptoms, and he is the most successful practitioner who has stored in his memory the largest number of them. As years go on we shall add many more to our list. Discoveries in this direction are rarely made by single observers, but rather by the concurrent work of many experimenters, all keeping their eyes open, willing to try new things, and resolute to store faithfully the results of their observations. We all prescribe, and we ought all, on system, to observe and record the results of our observations as to the effect of drugs.

Radical Cure of Hernia.

Heaton's operation for the radical cure of hernia is the subject of a paper in the North Carolina *Medical Journal* for February by Dr. George W. Gay. The method consists in injecting into the inguinal canal a preparation of white oak bark, and applying pressure by means of a compress and bandage to keep the passage closed until the contracted tissues become firm enough to support the strain imposed upon them.

The fluid employed for injection is composed of fourteen grains of the solid extract of white oak bark, thoroughly rubbed up with half an ounce of the fluid extract of the same drug, by the aid of gentle heat. The mixture is thick and muddy and needs thorough shaking before using.

The operation is performed thus: The hernia having been reduced an instrument resembling the hypodermic syringe charged with the astringent is thrust through the skin at the external ring and the point of the needle carried up the canal to the internal ring. The fluid is to be discharged slowly, while the instrument is gradually withdrawn. A compress is to be applied and worn for a few weeks, when in the successful cases the hernia is cured. Dr. Gay reports eighteen ruptures treated by him, of which five were cured, eight relieved, and five not benefitted. The treatment is simple and seems adapted to recent cases and the congenital hernia of infants. In these cases it would be worthy of extended trial.

Miscellany.

Glasgow Letter.—A Case of Masked Scarlatina.—I really feel ashamed of myself for having neglected writing you for so long, but beg to be excused, not because I could not have found the time, but that I wanted some things which would be interesting to you to communicate. I am now glad to say I have a little store house full, from which I

will take the "solid extract" of a case and send it, and shall continue to do so,if you have no objections, and find them, as I hope you will, interesting.

I would like in some measure to thank the gentlemen who have treated me so kindly since my sojourn here and whom I know have shown me every advantage that it was is their power to do, and I can think of no other and no better way, than through your excellent journal.

Speaking of the schools here,they do not differ very much from ours, only each Professor's ticket is taken out separately, the student not being obliged to attend all of his lecturers at the same school, simply having to show certificates of four full courses of lectures (which takes a period of four years) from the time of his having passed his matriculation examination before a licensing board. The gentlemen with whom I took my classes are, James Dunlap, Professor of Anatomy in same University, and Sampson Gemmell, Professor of Practice of Medicine in the Andersonian University, Physician to the Western Infirmary, etc. The three above gentlemen I wish most heartily to thank for many acts of kindness and I wish to express especially my gratitude to Prof. Dunlap, with whom I have been in the Royal Infirmary since November and who has taken particular pains with his "American Cousin" At a medical supper given not long since there was a toast proposed by Prof. Buchanan to which I responded, and he said many very gratifying and flattering things, to say the least.

The hospitals are excellent, and the practical experience which the students receive at the bedside is very great and I don't think there can possibly be any place in the world where surgery can be learned better than at the "Royal Infirmary."

The case which I take the greatest pleasure in writing about this time is that of Lizzie Ferguson, æt. 4 years,and it is one of particular interest,I think, from the fact that when the child entered the infirmary for treatment she was found to have excoriation, swelling and inflammation of the vulva, with a thin greenish watery discharge from the vagina, which condition had been present,less severely, however, for four weeks and from which her younger sister,æt. 2½ years,had died first before the symptoms showed themselves in Lizzie.

The condition was supposed to be due to rape, as was that of the sister. The child when admitted on Jan., 6th was very feverish, cheeks flushed, but the eyes quite clear and intelligent; there was no running at the nose or symptoms of bronchial catarrh, no eruption over the body except flea bites, the child being extremely filthy. Evening temperature was 101.6°.

Saturday, 7th inst. The child vomited incessantly last night, also great diarrhœa, with the stools of a greenish yellow and curdy. Fomentations were applied to the vulva, and the child bathed in hot water every three or four hours. This morning one-half grain of grey powder with a little Dover's pulv. was ordered night and morning, also port wine 4 ℥ daily, beef tea, milk, etc. Morning temperature, 101°.

Saturday evening. Temperature, 102°. Diarrhœa still continues; vomiting quite ceased; thirst incessant; tongue furred, patchy appearance; a slight eruption is visible on the chest and back of dull red spots, level with the skin, which disappear on pressure.

Sunday, 8th. Temperature 101°. Very restless during the night; child screaming; diarrhœa very bad; starch and laudanum given. The rash is now fully developed, and is more scarlet in appearance. There is an erysipelatous blush over the groin and lower part of the abdomen.

Monday. Temperature, 100.6°. Grey powder is stopped; no diarrhœa since injection; vomiting ceased; has rested better during the night, but still apparently great pain in the abdomen. Eruption now very distinct, and looks very much like scarlatina.

Evening temperature, 99°. Diarrhœa returned this afternoon; injections of starch and laudanum again given; sordes on tongue and gums very brown; very restless all afternoon.

Tuesday morning. Temperature 99.40. Diarrhœa again appeared last night, but stopped after another injection. This morning the child has a slight inclination to vomiting. The eruption is very profuse on the arms, legs, back, chest, and abdomen. On attempting to swallow, the child appeared to suffer great pain, and screams after drinking. The submaxillary gland is seen to be swollen; tongue very brown and rough; sordes quite black, and breath very offensive.

Afternoon. Diarrhœa again commenced; injections given at 5 o'clock, but had to be repeated in two hours. Latter injections not retained; patient extremely restless and in great pain. The baths which have hitherto given great relief, failed to do so now.

Evening temperature 99°. No diarrhœa since last injection; no vomiting to-day. For the first time it was noticed that there was an eruption around the arms and about the buttocks, evidently of syphilitic origin, whilst the other rash resembles more than ever the "lobster rash" of scarlet. A pack was given, and 6 minims of tr. opii, which was followed by great relief.

Wednesday. Temperature 100°. Patient very restless this morning, screaming every few minutes; no diarrhœa, stools natural; a few spots resembling those of syphilis are seen about the legs this morning, and over the abdomen the skin is seen to be desquamating; grey pulv. was administered in half grain doses.

Evening temperature, 100.4° The child seems a little better; lips and tongue not so black, still great difficulty of swallowing.

Thursday. Passed a very bad night, and tosses about from side to side. Six minims tr. opii was given.

Evening temperature, 100.4°. Red patches seen

on arms and chest, which became livid, and finally disappeared, the whole process not lasting more than six hours.

Friday noon. Patient very restless until 3 this A. M., when she became comatose, and gradually sunk, dying at 6.20 A. M., being quite intelligent almost to the last.

The diagnosis here was not clearly made, but was (and very properly, I think), supposed to be one of scarlatina, but from the varied character of the symptoms, and the most peculiar history of the case, it was very hard and almost impossible to make a positive diagnosis. I might say that in the case of the sister, syphilis was the assumed cause of death, but a post mortem revealed no evidences of it, whilst there was a severe inflammation of the mucous surfaces.

I must close now, as I think I have made this sufficiently long, and as I have an invitation to a Highland wedding. I will try and give you a description of it in my next. Hoping this reaches you in good health and spirits,

I am, yours respectfully,

E. J. KAUFFMANN.

ATHOLE ARMS HOTEL,
Glasgow, Scotland, March 14, 1882.

HOMŒOPATHY AS PROFESSED AND AS PRACTICED.—We give the following reference to homœopathy from an inimitably racy valedictory address to the graduating class of Bellevue Hospital Medical College. We commend it particularly to some of our readers on whom our more recent utterances on the subject have had a somewhat disturbing effect. It is, as precisely as may be, a statement of the position which, in our opinion, the regular profession should assume toward homœopathy:

"One of the latest authoritative expressions of opinion on this subject is the following resolution recently adopted by the Royal College of Physicians in London:

'While the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless expresses its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations.' This last sentence touches the root of the difficulty. *Those who trade upon such designations.* Let us take a concrete example. You treat a case of pemphigus with arsenic. You may theorize as you like about the essential nature of pemphigus; you may select arsenic because you think it would produce the disease, or because you think it produces something contrary to the disease, or for no reason whatever beyond the empirical fact that you have seen a case of pemphigus recovery under the use of arsenic. Also, you may give this arsenic alone or combined with other substances, and in any doses that you please, from the decillionth of a grain to a grain, and you may explain the results as you like. But as an educated physician, and a gentleman, you may not advertise yourself as an arseniopemphigist, and denounce every one who does not adopt your theory and practice: and as there is a good deal of common-sense truth in the old adage, that a man may be known by the company he keeps, you will not have more to do than you can help with the men who do so advertise themselves; and still less will you have to do with themselves as antiarsenio-pemphigists, and then treat their cases with arsenic after all, and claim the results as due to dynamized brickdust.

And please observe that this is all that you have to do. You are not to enter into controversies with them or abuse them, you are not to repine over their success or exult over their failures. They have another code of ethics from your own; that is all that need be said about it. Thus far I have been speaking of fairly educated sectarian physicians. As to the ordinary, uneducated, and bill-distributing quack, with his sure cure for cancer, or his pure vegetable specific for coughs, rheumatism, and dyspepsia, you may be sure that in the long run he will make rather more business for you than he takes away. Do not fall into the error of supposing that legislation can prevent the existence of this class of men, or that you need the protection of the law against them. The public interest demands such protection, if for no other reason than to secure a proper registration of the causes of deaths of all citizens, and it is not only your right, but your duty, to call the attention of legislators to these interests, but never seek protection on your own account."

ATTEMPT TO SHOOT AN ASYLUM SUPERINTENDENT.—On the afternoon of the 16th ult., an insane man stepped into the doorway of the private office of Dr. John P. Gray, of the New York State Lunatic Asylum, and fired at him. The bullet (38 calibre) entered Dr. Gray's face just six-eighths of an inch below the outer angle of the left eye, passed five and three-eighths inches through the face, back of the nose and out through the right cheek, two and one-eighth inches below the outer angle of the right eye and one inch back of a vertical line drawn from that point, and from thence into the window-casing, abont five feet from where the doctor sat.

The assailant gave himself up. He was not an inmate of the asylum, but had been employed at the Turkish-bath rooms in the city. For the past eighteen months he had labored under the delusion that he was an ambassador sent from heaven to shoot Dr. Gray. After the shooting he went home and told his friends that he had shot Dr. Gray and would give himself up. He went to the jail and unloaded a perfect arsenal. He was afterwards taken

to the station-house, and said that he had had a duty to perform and had done it.

Dr. Gray says that he has been in the habit of looking up when he heard any one approaching his door, and did so on this occasion. This movement of habit undoubtedly saved his left eye, if it did not actually prevent the bullet from crushing through his brain.

Almost immediately the left eye was closed by the effusion of blood into the lids, and the tissues surrounding, and within a short time the right eye was in a similar condition. The apertures in the cheeks, made by the bullet, were about the size of a siver three-cent piece.

The swelling in the face extended so that before Friday morning it was distorted beyond all recognition, and Dr. Gray was only able to see a trifle out of the right eye. The swelling extended to the neck by the infiltration of blood and serum. There has been no appreciable fever, and we are glad to learn that Dr. Gray is doing well, with every prospect of ultimate recovery.

Moral Insanity.—My Dear Doctor: You certainly misconceive the points in my paper. I do not place moral insanity outside of the mind but in the affective rather than in the reflective life primarily, and I make a wide distinction between moral insanity originating in disease, central as well as peripheral, and vice founded in pure moral perversion from motives of real or fancied interest. Won't you do me the favor to read again my paper. It will bear a different construction.—C. H. Hughes, Editor, *Alienist and Neurologist.*

Dear Doctor:—

I do not think there is any misconception on my part. Your paper was read very carefully and the comments made upon it, are, I think, the logical fruit of its perusal. The alienists are not clear upon many points. You make a distinction. Pardon me if I say that it does not seem to be founded on a difference. Is volition an act of intellection or are the emotions due to a logical deduction? Do the emotions control the reason or does the mental power govern the affections and passions? If you admit moral insanity and give the doctrines their full stretch it must include every form of perversion, otherwise there is no moral insanity, for in either case there is mental subversion. The difficulty is that the alienists do not follow the psychologists any more than the pathologists do the physiologists. If they did a hypocrite would be a religious malingerer, and a man of unbending dignity would have moral sclerosis of the cord and so on. I would be glad to read another paper on the subject.

Yours truly,

J. J. MULHERON.

"All the Modern Conveniences."—Dr. Frank H. Hamilton, of New York, lately read before the New York Academy of Medicine an essay, in which he took strong ground against the manner in which the dwellings of the present day are constructed, contending that the bait which is held out, to lure persons wishing to buy or rent houses, of that they possess "all the modern conveniences" is a delusion and a snare, as the said conveniences are calculated to engender a host of evils, in the shape of innumerable diseases. He thinks the nearer we come to the old-fashioned farm-house and the further from modern conveniences the better. But he has no hope of converts, and says that parents will continue to lead stunted lives and to lose their children by preventable sickness. All the conditions of modern life play into the hands of death. Men do nothing to keep well, and expect the doctor and druggist to supply absent exercise by the ever present pill. "In the 'best society' there is neither muscle nor back-bone," and while civilization has made work swift, and lengthened life, there is grave doubt whether the sum of active bodily life is increased. We may live longer and may do more than past generations, but certainly we are, physically, a feeble lot and lead a sickly existence, and for which we can thank, to a great extent, the mansions of the present day, so nicely constructed to foster disease and cause the business of the undertaker to thrive. —*Medical Bulletin.*

Male Infecundity.—A Case.—Sometime ago mention was made of the fact that sterility of the female, sometimes depended upon disorder of the male organs of generation—a lack of procreative power or some disease by which they were rendered incapable of producing a properly vitalized semen. We have a case of sterility in our town; a woman who is very desirous of having a child of her own but her yearning of maternity will probably never be gratified while she lives with her present husband. He was married in his younger days and his former wife had a child and he cites this fact in proof of his ability to procreate. He came under my care after the death of the first wife and prior to his marriage with the second for treatment for gonorrhœa during the progress of which he suffered from a severe orchitis the results of disobedience of directions. I found one testicle atrophied from the result of a metastasis of mumps in his youth and he was to all intents a monorchid; and it was this sound testicle which was affected with orchitis. Soon after his recovery from the clap he married his present wife and I predicted then that she would remain a childless woman as long as she lived with him. My opinion was based on the view that the normal testicle was disabled by the orchitis. This was twelve years ago and the woman is still without offspring.

She thinks that the fault lies with her and while she is robust and natural is all respects seeks the removal of her disability from the hands of all traveling quacks who come this way. Recently the high-flier for the stool-pigeon quacks of the twin initials in your city, paid us a visit, and she submitted herself to an examination by him. He

assured her that her trouble was a "simple matter" and that he could remove the difficulty. But so far as the eye of man can perceive the difficulty has not been removed for as yet there is no shadow cast before of any coming event in their household.

X.

Boracic Acid Poisoning.—In view of the fact that boracic acid has been advocated as an innocuous substitute for carbolic acid in the treatment of wounds, the following translated from *La France Médicale* by the *Medical Times*, is possessed of unusual interest at this time. Although, as the *Times* suggests, further observations are needed before we can be satisfied that boracic acid is solely responsible for the results in these cases, this report is sufficient to warn those using this antiseptic that it is not absolutely devoid of danger:

Dr. S. E. Molodenkow, of Moscow (*Vratsch.*, No. 31, 1881), reports two cases in which a solution of boracic acid (five per cent.) was used as a detergent antiseptic wash. One, a young man of 25 years, had an attack of pleurisy of three weeks' standing. The fluid effusion was withdrawn with an aspirator, and the pleural cavity washed out with the boracic acid solution, part of which was allowed to remain in the chest. Temporary amelioration followed, but the patient soon began to vomit. On the next day vomiting was constant, and the pulse became small and frequent; the patient was extremely feeble, and had hiccough. Toward evening an erythema appeared on the face, which, the next day, was accompanied by swelling, especially of the eyelids. On the following day the inflammation extended down the neck and became vesicular. The other symptons became more marked; intelligence was unaffected to the last; death occurred on the fourth day. No autopsy.

The other case was 16 years of age, and suffered from a large lumbar abscess, which was opened, and washed with the above solution. The same symptoms were observed, and the patient died on the third day. The author summarizes the symptoms of poisoning by boracic acid as follows: "Vomiting constant; hiccough; erythema, commencing on the face; a slight temporary elevation of the temperature; and a diminution in the contractility of the heart, proceeding to complete cardiac paralysis."

As a counter-poison, the author recommends the use of morphia and stimulants.

A Moral Misapplied.—*Scientific American:* Noticing the recent death of John J. Dwyer, prize fighter, and lately heavy weight champion of America, within two years of his leaving the prize ring and accepting a city clerkship, the *Medical Record* draws from his untimely fate the following curious "lesson:"

"The cultivation of a powerful muscular development does not of itself insure health and long life. It may even entail a certain danger. The man who makes an athlete of himself, must continue so, or else drop his exercises with slowness and caution. Our ex-pugilist accepted a sedentary occupation after he had cultivated his lungs to perhaps double the quantity needed for such an employment. A disused organ degenerates, and becomes liable to disease. A robust chest of the country youth may be a source of danger to him if he adopts life in a city office. A fine physical development does not necessarily insure a long life. Robustness is only a relative term. In the physical education of youth, therefore, we should aim to make every organ healthy—not hypertrophied. The law that the organism must be adapted to its environment, was well illustrated by the prize fighter, who was attacked with consumption 18 months after he had left the ring for a city office."

If the *Record* had been better informed with regard to the cause of Mr. Dwyer's death, its comments thereon would probably have been very different. As we understand it, his trouble was not in lungs, nor could any amount of sedentary occupation have engendered it. As little could it be charged to his training or his habits as a prize fighter and athlete.

As the *Record* was entirely wrong in its premises, so, in our opinion, it would have been wrong in its conclusion had the condition of Mr. Dwyer's death been as the *Record* describes. Granting for the argument's sake that an athlete had died of consumption shortly after radically changing his mode of living, it would not have followed that robustness and vigorous health are in any case undesirable, or that capacious lungs are a disadvantage to one adopting a sedentary city life. No one would claim that a fine physical development "necessarily insures a long life;" would the *Record* seriously assert that is not a potent factor in securing long life, or in giving force and enjoyment to life while it lasts?

It is true that great physical vigor, in the absence of high principal and fine judgment, may encourage excesses which are hazardous to health; such seems to have been the case with Mr. Dwyer. Shall high health be therefore discouraged? The ascetics of the mediæval ages tried that plan, but there is no evidence that the world was benefited thereby, or themselves either. The wise man with a feeble organism may, and probably will, live longer than the fool with a physique like Dwyer's; but with Dwyer's frame, the wise man would probably live as long as with a feeble body, and certainly would live more efficiently and enjoyably.

A Note of Welcome.—I see it stated in the journals that Deputy Surgeon-General W. J. Moore, of India, has written a monograph, "in which he sets forth the steps by which he has succeeded in persuading himself that such a thing as marsh poison has no existence." That is, he has become convinced by a study of the subject that malaria is a myth. I raise my hat to Deputy Surgeon General Moore and

welcome him to the ranks of the "Non-malarials." His name is a tower of strength to the cause we advocate. Send the news to him that in one green spot in this country "malaria" has been interred and its epitaph has been written.

E. Halsey Wood.

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may (1) amputate the leg at the thigh, or (2) ligate the artery above and below the seat of injury, then expose the parts fully and turn out the clots. I adopted the latter of these alternatives. I ripped open the whole length of the right thigh over the site of the tumor rapidly, controlled the bleeding with my fingers, burned out the clots, ligated the femoral artery above where it gives off the profunda and below the seat of the injury, and then inserted a good-sized drainage tube, bringing it out through an artificial opening made in the popliteal space.

In its notice of Prof. A. B. Palmer's "Homœopathy—What is it?" *New Remedies* has the following to say on the alleged fact of the decadence of homœopathy in Europe and its increasing popularity in this country. The words are those of a philosopher, and are worthy of consideration: "To our minds this fact is easy of explanation. In continental Europe, the medical profession have not ostracized the believers in the therapeutic power of infinitesimals, and they have simply been looked upon as persons holding unusual and somewhat remarkable views regarding the action of remedies. In this country and in England, physicians who do not believe in homœopathy have resorted to every measure to ridicule those who are believers and, as far as possible, cut them off from professional associations. The result has been to awaken a popular prejudice in their behalf. The time has come for Professor Palmer and others similarly disposed, to change their plan of treatment. It has not, so far as we can detect, had the slightest effect in the way intended, but has resulted most disastrously for everybody but the 'homœopaths.'"

"Oh, never wear a brow of care, or frown with rueful gravity,
For wit's the child of wisdom, and good humor is the twin.
No need to play the Pharisee, or groan at man's depravity;
Let one man be a good man, and let all be fair within.
Speak sober truths with smiling lips; the bitter wrap in sweetness,
Sound sense in seeming nonsense, as the grain is hid in chaff.
And fear not that the lesson e'er may seek to lack completeness,
A man may say a wise thing, though he say it with a laugh."

It now appears that the reason why the Directors of the London Zoological Garden were anxious to sell Jumbo was not the threatened insanity of the animal. The huge beast is just entering the age of adult elephant life, and it was feared that the enforced continence, which must have been unavoidable in the Garden, would arouse the animal to violence. Mr. Barnum has a number of female elephants, the soothing influence of whose society, it is hoped, will keep Jumbo straight.

Prof. Samuel D. Gross, M. D., LL. D., D. C. L., Oxon, LL. D., Cantab, has tendered his resignation of the Chair of Surgery in Jefferson Medical College, after an incumbency of twenty-six years. Though still in vigorous health, his seventy-seven years have admonished him to more ease and he will, during his remaining days, (which we hope will still be many), enjoy the *otium cum dig.*

To vaccinate or not, that is the question!
Whether 'tis better for a man to suffer
The painful pangs and lasting scars of small-pox,
Or to bare arms before the surgeon's lancet,
And, by being vaccinated, end them. Yes!
To feel the tiny point, and say we end
The chance of many a thousand awful scars
That flesh is heir to—'tis a consummation
Devoutly to be wished. Ah! soft, you, now,
The vaccinator! Sir, upon thy rounds,
Be my poor arm remembered.

—*Punch.*

Medical Times: The Supreme Court of Pennsylvania has decided that a professor in a college is merely an employé, and not an officer; hence he can be discharged at any time without more formality than is used in getting rid of a clerk or cook. The decision was rendered on the occasion of the discharge by the corporation of Harrisburg University of the professor of mathematics and natural philosophy.

Christison: Therapeutic physiology is a splendid and still little-trodden field, without the cultivation of which we shall never make any material advances in the knowledge of the action of remedies and their real uses in disease.

A sharp rejoinder is an arrow that buries itself in the target. A gentleman who took to medicine late in life said to a friend: "You know the old proverb, that at 40 a man must be either a fool or a physician?" "Yes," was the reply; "but, doctor, don't you think he can be both?"

Dr. John C. Stewart, of York, Maine, is very desirous of completing his file of the News, of which No. 18, Vol. ii, and No. 4, Vol. iii, are missing. Any reader who may be able to supply these will confer a great favor by so doing, and will also be suitably reimbursed, both for the copies and his trouble.

Dr. G. E. Corbin calls attention to certain stupid typographical blunders in his short but suggestive note on the "Connection Between Nasal and Uterine Catarrh," in the News of the 25th ult. The only redeeming feature in these blunders is the fact that

they are so great as to be apparent to the most casual reader.

We notice in *New Remedies* an advertisement of the P. P. P. Syringe. It is very appropriately designed for the local treatment of specific urethritis.

Book Notices.

A Clinical Hand-book on the Diseases of Women. By W. Symington Brown, M. D., Member of the Gynæcological Society of Boston, Fellow of the Massachusetts Medical Society, etc.
New York: William Wood & Co. Detroit: Thorndike Nourse.

The author of this 8 vo. volume of 247 pages, has adopted as his motto: "The highest aim of our art must be the greatest generalization of diseases, and the greatest possible individualization of our patients," and the little book which he has given us is an effort toward this ideal. He lays no claim to its being a treatise, but has designed it merely as a guide "for medical students and country practitioners." Most of the illustrative cases are selected from the author's own experience, but much of the text is an effort "to concentrate the best that has been written on each subject." In so far as the book is a record of a busy practitioner it is valuable, but the place which the rest of the book is intended to fill is not so apparent, when we consider the fact that works by Thomas, Emmett and Barnes are on the market. Its only possible superiority over these lies in its comparative smallness, and in the condensation (not the omissions) necessary to reduce it to its size.

Lectures on Diseases of Children. A hand-book for physicians and students. By Dr. Edward Henoek. Director of the Clinic and Polyclinic for Diseases of Children in the Royal Charité, and Professor in the University of Berlin.
New York: William Wood & Co. Detroit: Thorndike Nourse.

The author of this, the third volume of Wood's Library for 1882, has had an experience of 37 years, during which he has had an almost uninterrupted dispensary service in the field of diseases of children. His opportunities have thus been very great, and the book here given is almost exclusively the personal experience of those long years. The announcement of such opportunities enjoyed induces a careful examination of the record of them, and such examination is abundantly repaid in the rich treat which it affords. The book is singularly replete with illustrative cases drawn from the author's own practice, which are dovetailed into the general work in a manner at once highly interesting and instructive. A fuller notice, in view of our space, is impracticable, but we are very highly pleased with the work, and can heartily recommend it.

A Manual of Organic Materia Medica. Being a Guide to Materia Medica of the Vegetable and Animal Kingdom, for the use of Students, Druggists, Pharmacists and Physicians. By John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy, with many illustrations on wood.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

To the pharmacist or to the student who desires to study materia medica proper, rather as a science than as an excuse for a foundation on which to [illegible] disease. A robust chest of the country youth may be a source of danger to him if he adopts life in a city office. A fine physical development does not necessarily insure a long life. Robustness is only a relative term. In the physical education of youth, therefore, we should aim to make every organ healthy—not hypertrophied. The law that the organism must be adapted to its environment, was well illustrated by the prize fighter, who was attacked with consumption 18 months after he had left the ring for a city office." [illegible] thorough knowledge of the drug by the prescriber.

Dr. Maisch, in the work before us, has in as concise a manner as seems consistent with clearness, given us the origin, habitat, botanical description, chemical constituents and medicinal properties of the drugs of the vegetable kingdom. He has not indicated their therapeutical application further than in this general mention of their properties. We have noticed a few errors or omissions in this mention, but inasmuch as it is not the essential part of the book they may be overlooked. For instance under the head of Euomymus, the properties are given as tonic, diuretic, laxative and antiperiodic. No mention is made of its remarkable chologogue properties, enonymin having been demonstrated to be the most direct chologogue in the materia medica. Coto is said to be useful only in diarrhœa, no mention being made of its direct antidiaphoretic properties. It is impossible to indicate all the shades of application of a drug in this general way. Few drugs but have an individuality which cannot be covered in such an enumeration of its properties, and Dr. Maisch's attempt is but another instance of the failure to thus classify. As a classification of all the other features of drugs than their therapeutical that adopted in this book is an admirable one indeed.

Original Articles.

Clinic of Prof. D. Hayes Agnew, M. D., Philadelphia.

Aneurism of the Femoral.—You no doubt remember this patient as one whom I operated on some weeks ago for aneurism of the femoral artery. There was no bleeding externally, but blood had begun to collect in the connective tissue, giving rise to an enormous tumor some twenty-three inches in circumference. Over the site of this swelling a peculiar thrill could be distinctly heard. We were able fully to establish the accuracy of our diagnosis by the fact that pressure on the femoral artery above the site of this thrill not only

caused it to disappear, but also diminished the size of the tumor. This decrease in size was not near so marked, of course, as it would have been had the aneurism been a true one. A false aneurism has, you know, no limiting wall, and the blood traverses and coagulates in the tissues. Treatment in such cases may be either one of two alternatives. We may (1) amputate the leg at the thigh, or (2) ligate the artery above and below the seat of injury, then expose the parts fully and turn out the clots. I adopted the latter of these alternatives. I ripped open the whole length of the right thigh over the site of the tumor rapidly, controlled the bleeding with my fingers, burned out the clots, ligated the femoral artery above where it gives off the profunda and below the seat of the injury, and then inserted a good-sized drainage tube, bringing it out through an artificial opening made in the popliteal space. The parts were then brought together, and a compress applied. The upper thread came away without any accident. We always are afraid of secondary hemorrhage in these cases; have, in fact, a sort of spectral hemorrhage ever before us until the case is fully recovered, though the danger of hemorrhage is never so great in these cases as in true aneurism, where the integrity of the artery is more or less undermined by disease. Everything went well, I say, until the tenth day, when the lower ligature came away and a free hemorrhage ensued. Thanks to the promptness and skill of the residents, the main trunk was at once cut down upon and securely ligated, and the bleeding stopped. This second ligature came away eight days ago, and since then all has gone well. I am afraid this secondary hemorrhage was all my own fault, that when I ligated the artery, instead of getting the thread entirely round it and so complely occluding it, I only caught a part of the calibre of the vessel in the loop, and so allowed the posterior wall to go untied. The man lost some f ʒ ij of blood at the time of this secondary hemorrhage, but has recuperated rapidly upon a good diet and a little iron and quinine. The only dressing employed has been carbolized oil.

Punctured Wound of the Sole of the Foot.—Some ten days ago this man was helping to lift a heavy beam into place, when it slipped from his grasp and fell. To get his leg out of the way, he stepped back and brought his foot down upon a projecting nail, which pierced his shoe, and ran its full length into the sole of his foot. He called in a physician, who recognized the nature of the wound and treated it by keeping it open. This is the proper treatment for punctured wounds. The injury has been followed by a good deal of discomfort occurring in the palm of the hand or sole of the foot, they are always to be deprecated. In these parts of the body, the nerves, blood vessels, etc., are all close together, and the inflammatory products are cooped up and not allowed to escape. Such wounds may be followed by very violent nervous symptoms, due to pressure. For the past few days the patient has been wearing a poultice, but in spite of this application, the foot is very much infiltrated, and is hard and brawny, shows considerable disposition to the formation of an abscess. A good rule in such cases is to convert a punctured into an incised wound by making a free incision, but as the foot seems to be getting a little better we will not employ such a radical measure to-day, but will simply continue to apply a poultice and keep the parts warm, in the hope of bringing the patient through without and operative interference. It is barely possible that the nail may have carried part of the shoe into the wound and left it there a foreign body. But we will wait developements, and if appearances do not soon improve, will lay the sole of the foot well open by a free incision.

Lacerated and incised wound of the scalp.—This patient was brought into the hospital owing to the fact that a corner of a brick had come into severe contact with her head. The inflammation consequent upon the reception of this injury has largely subsided to-day. The wound extended down to the bone. We divide scalp wounds into two classes: (1) Those which only extend through the skin to the aponeurotic attachments of the skull. These wounds are very easily managed, and but rarely allow the inflammatory products to furrow. Their proper treatment consists in shaving away the hair and bringing the parts together with sutures. I know that there is a popular theory which objects to the use of sutures in wounds of this kind, but I confess to an inability to see the force of this objection. The hair ought always to be shaved off in these cases but ladies sometimes greatly object to this procedure, and all we can do in their case is to wash the wound out thoroughly, and then to bring the sides into accurate apposition by tying several wisps of hair, situated on opposite sides of the wound together, or by running a pierced shot down two hairs, and then clamping it. There has been one vessel divided here, a branch of the temporal artery. The other (2) variety of scalp wound is where the injury extends through the aponeurosis, and down to the bone. In such instances we are obliged to institute pressure, or the blood would find its way under the aponeurosis and travel in all directions between it and the skull. To prevent this extension of the blood and inflammatory products, a pad a quarter of an inch thick is procured and a hole cut in the middle. It is then applied so as to institute pressure all around the wound, and the whole covered with a simple water dressing. There is a good deal of œdema about the eyes here. This condition of affairs is often found accompanying injuries of the scalp, but it is probably due in this instance to this cheek wound. We are giving the woman iron and quinine, with opium at night, and carefully regulating her bowels.

Uncertainties in the Practice of Medicine.

BY C. V. BEEBE, M. D., MANISTEE, MICH.

Having read the article by E. C. Davis, M. D., in

the last issue of the MEDICAL NEWS, under title of "Certainty in the Practice of Medicine," I am inspired to write a short article under the head of "Uncertainties in the Practice of Medicine."

I, with Brother Davis, was led in my younger days in the profession to think, that if medicine was not an exact science, that in time it would become so, in respect, at least, to known remedies and known diseases. But as the years glided by, experience accumulated, and observation became more extensive, and I am now led to pause, and ask myself the question—are there any certainties in medicine? We are all aware that nine out of ten patients will be likely to recover without the services of a physician, as nature's recuperative powers are very great. But we are also happy in the knowledge that if we cannot tell whether our patient might not have recovered without our services, that we have been the means of relieving much suffering, and by assisting nature in her hour of trial, have hastened the recovery of our patient, and have thereby rendered him a great service.

But to return to the subject. I had been led to think, and had thought that my experience had verified the fact, that there was certain value in many therapeutic agents. But to my great astonishment I find that medicines that had seemed to be certain in their effects, and always to be relied upon, and deemed indispensable, have been cast aside and have become a thing of the past, being snperceded by something new. I am led to ask whether this discarding of the old for the new is a sign of advancement or of uncertainty.

It seems to me most like the latter, and the tendency in the profession to join in the race for something new is a morbid one. I would not for the world lay a stone in the way of intelligent research for new and better therapeutic agents, but I am sometimes led to think that as physicians we are apt to be led blindly on by those who have a money interest in looking up new remedies and forcing them upon our attention, by sending samples free, etc. And right here I would say that while this may be a very laudable thing to do, and may result in much good to the medical profession, it still behooves us to weigh well the value of any therapeutic agent before adopting it into our dispensatory. At the present day there are so many new remedies placed before us, that with many of us, I fear, that instead of giving our patients the benefit of known and tried remedies, we are constantly using them as a medium for experiments with the new. Is it possible, for instance, that carbolic acid is not as valuable a therapeutic agent to-day as 10 or 15 years ago? Is it possible that Lister fooled himself and the medical profession of nearly the whole world, with regard to its use in the form of a spray? If so, may we not expect to hear it next proclaimed that this drug has no value in any form? This would be just as reasonable, I think, as the first; for have not those high in the profession, both on this continent and in Europe, greatly extolled the use of carbolic acid used by Lister's method? Now, if all these have been mistaken during all these years, and have just realized the fact that they have been chasing after a myth, does it not come home to the general profession with all the more force than ever, that we should not take any man's say so, but investigate carefully and intelligently for ourselves? We are certainly just as likely to be deceived with regard to other new remedies, as we were with carbolic acid. I for one, have not yet lost my faith in this antiseptic as a disinfecting and cleansing agent, promoting healthy granulations, and thereby facilitating the healing process. It is not conclusive proof to me that because some have successfully performed surgical operations without the use of the spray, that there is no value in the spray. It seems to me that if we furnish external conditions consonant with those inside the body, as regards temperature and humidity of atmosphere, we have done much towards rendering an operation a success, and then if we add the carbolic spray, it certainly will do no harm, and the probabilities are that it will do much good. A remedy that will act beneficially upon existing morbid pathological conditions, should, if used properly, prevent them, and the spray would seem to be the best way of bringing the acid in contact with the exposed surface. While the practice of spraying may be abandoned by the dictum of fashion, I still believe the principle is good. But this agent is not the only one that has been laid aside for something not previously demonstrated to be any better, if even as good.

The subject of bacteria is now to the fore. We are taught that if these micro-organisms are in any way introduced into the blood, a certain amount of disorganization of the vital fluid takes place, and septicæmia, and perhaps pyæmia and death will follow. I believe bacteria to be simply a product of decomposition—an effect instead of a cause, and if we take care that decomposition does not take place, bacteria will never be found.

The profession are at the present time off in the mad chase after micrococci, but I venture to predict that after some have made their names immortal in chasing a result instead of a cause, it will be found that diphtheria will be most effectively treated by combatting inflammation, and if the inflammation is controlled, there will be no exudate and no membrane, and that a majority of the cases will recover. In nearly all inflammatory diseases we find abnormal conditions of the blood as a result rather than a cause.

In the name of all things certain, I would exhort the profession to come down to general principles, combined with common sense and their own good judgment, for their guide, both in the choice of remedies to combat the ills of mankind, as well as to guide them to the true pathology of each individual case, and not be carried away by fine spun theories and new remedies, how well soever they may be advertised, for after they have spent their lives in chasing them, they are likely to find themselves as far from certainty as they are to-day.

Pumpkin Seed in Tapeworm.

BY N. L. FOLSOM, M. D., PORTSMOUTH, N. H.

November 26, 1881, I removed from Mr. Herbert W. Norwell, of this place, æt. 38 years, a tape-worm twenty-two feet and three inches long, including its little black head. Mr. Norwell had passed six feet of tape-worm three months before, for the first time. On the 25th he took no food after dinner, except milk and oatmeal for supper. He took one ounce of castor oil at bed-time. At seven and a half o'clock the next morning he took three ounces of pumpkin seeds in the form of an emulsion, and in two hours he took as much more of a like emulsion; and at 11 A. M. he took an ounce of castor oil; and at 1 P. M. he took two drops of croton oil; and in a little more than an hour this croton oil vomited and purged him, and the entire worm came away from him, to the great delight of himself, wife and myself. Drinks were given freely after he took the last castor oil.

I think that the great reason why there have been so many failures in attempting to remove tape-worms entire, including the little black heads, is that they are not rightly managed. Cathartics should be freely employed before taking the vermifuge, so that the intestines shall be entirely empty, thus allowing the vermifuge to bathe the entire worm, that it may be absorbed by the entire length of the worm, and if possible kill or stupify him, so that he cannot hold on to the walls of the intestines; then by a brisk cathartic, he will be swept out of the intestines as any other inert substance.

If the patient does not fast, and no cathartic is given before the vermifuge, and a cathartic and vermifuge are given at the same time, the cathartic takes effect *possibly before* the vermifuge has done *all* to the worm that it is capable of doing in the way of killing or stupifying him to make him let go his hold, and the cathartic breaks off the worm and leaves the head and more or less of his neck and body in the intestines. Within six inches of the head the neck is exceedingly small and very easily broken. Then, if perchance the head has been brought away, it may not be found among the great mass of feces passed from full bowels. The case, as thus presenting, will be very unsatisfactory to patient, friends and physicians.

The chamber vessel should be half full of clean water at each operation of the bowels before using it, so that, if the worm comes, it will fall into this water and become nearly washed and will only need to be changed into clean water a few times to be entirely free from feces.

The head and neck taken from Mr. Norvell, when floating in clean water, looked very much like fine white worsted with a little spot of black ink upon its very end. He was griped some in his bowels by the cathartics. The pumpkin seeds produced in him a profound soporific impression.

Has dissection shown just where in the intestines the worm lives mostly?

I think three ounces of pumpkin seeds are enough at one time. Six ounces not only produces great somnolence and headache, but seems to check the peristaltic action of the intestines.

I have given six ounces of pumpkin seeds in two instances, and the same soporific effect and headache and torpor of the bowels were produced in each case. The vermifuge should never be given with the cathartic.

On going into the room of Mr. Norvell two hours after he had taken the last dose of castor oil, I found him in bed, sound asleep, face and hands red, and had to shake him to wake him up. He seemed as profoundly somnolent as though he had taken forty drops of laudanum. Do any writings speak of somnolency being produced by pumpkin seed? I never have seen any such.

Selections.

THE TREATMENT OF SYPHILIS WITHOUT MERCURY —A NEW ABORTIVE METHOD.—Dr. J. Edmund Güntz, of Dresden, in a work just published by him, makes some novel announcements regarding the treatment of syphilis. If true, they are of the highest importance, for he claims to be able 'not only to do away with mercury in syphilis, but in a large proportion of cases to abort the disease.'

It is now over twelve years since Dr. Güntz first wrote on this subject. He is, therefore, not a novice in the matter. In 1869 he advocated the use of bichromate of potassium as being a useful drug in treating syphilis.

He could not prove any very great advantages for it, however, at the time. It acted slowly and was apt to disturb the stomach. but being convinced that there was something in the drug, he set at work to find some way of getting more into the system without producing functional disturbance. For a time he combined the bichromate with the nitrate of potassium, and gave pills containing about 1-15 gr. of each three times a day. With these pills he produced "remarkably favorable results." Yet the action was slow, and when a prompt amelioration of symptoms was needed, as in malignant cases, the remedy would hardly meet the expectations.

From the favorable results obtained by giving the various minerals in solutions with carbonic acid water, our author was led to attempt administering chromium in the same way, and with, as he now claims, very great success. He found that much larger doses could be taken in this form, and that a profounder impression on the system could thus be made. As a maximum dose he was able to give three and a half grains (.3 grammes) daily of bichromate of potassium in about 600 grammes of carbonic acid water, this being divided into five doses. Larger amounts provoked vomiting.

This "chromwater," as he calls it, could also be given daily for weeks and months in all forms of syphilis without detriment to the health.

Having described his method of giving the drug, Dr Güntz discusses its action upon the initial stage of syphilis and upon the disease itself after its full development in the system.

In estimating the possible value of any drug as an abortive of syphilis, the numerous sources of error are referred to. The existence of and difference between true chancre and chancroid are admitted.

The following are his statistics:

Within one and quarter years the author treated 194 cases of chancre. For a comparative study he selects only 85 of these, since in the others there were sources of error. In 14 of these 85 cases the sores were cauterized. The remainder were treated with nothing but the chromwater; and in 47 of them constitutional syphilis failed to appear. In order to avoid every possible chance of mistake the author excludes 10 of this 47. Even then there were left 37 patients, or over one-half, who, when given chromwater alone, developed no after-symptoms. It is not stated, however, how long they were watched, except that 18 were under observation for 159 days.

Still more favorable results took place with the 14 cases in which the initial lesion was cauterized. Of these only two developed symptoms of constitutional syphilis.

Of the 85 patients, therefore, presenting, as Dr. Güntz asserts, initial lesions of syphilis, 49, under the "chromwater" treatment, remained entirely free from the disease. This is certainly a very extraordinary showing and will be received with a great deal of incredulity.

If this new agent is given after constitutional symptoms make their appearance, its action is to ameliorate the disease and hasten its course. It is efficient even in cases where mercury fails, and it acts more pleasantly and promptly. In fact, the disease is "in the shortest time definitely cured."

The author has, for several years, used the chrome salt exclusively in the treament of syphilis, and has given it in more than a thousand cases. He thinks that the day of mercury is over. He has recorded the histories of a large number of his cases.

Dr. Güntz has also used his chromwater with the best results in diphtheria.

He suggests that the drug acts by reason of its powerful oxidizing properties. Without committing himself to any germ theory, it is thought that there is certainly a specific poison which develops in the various contagious diseases. And in chromium we have an agent that is inimical to the syphilitic poison while it does not harm the system itself, but rather benefits it.

The importance of Dr. Güntz's claims, and the caution with which they should be received, are alike apparent and need no comment.—*Medical Record.*

Results of Nerve Stretching in Various Nerve Disorders.—Out of 147 published cases of nerve stretching which B. Nocht collated, the permanent results were sometimes less favorable than they promised soon after the operation; and in one of Prof. Westphal's cases stretching of the crural nerve was followed by acute myelitis. After reviewing the several applications of this surgical expedient, he concludes that "in neuralgia, in tetanus and epilepsy, nerve stretching has an incontestable value; but that in disorders of the motility and in affections of the central nervous system (at least it so appears from the reported cases) nerve stretching can only be recognized as a symptomatic remedy, and not devoid of danger."

The following is a resume of the cases cited (*Centralblatt für Chirurgie*, No. 6, p. 90):

In sciatica there were twenty-four cases, of which twenty-one were cured, in sixteen of which the result was immediate and permanent. One died of pyæmia; in another permanent lameness appeared.

In trigeminal neuralgia, seventeen cases. Ten were at once favorable; five were cured after a greater or less time, in two a relapse occurred. Out of four cases of resection or tearing of the nerve, three were cured.

In traumatic neuralgia a good result was obtained in two-thirds of the cases; in a few no result beyond temporary relief was experienced.

In convulsive tic seven out of eight cases had relief from the cramps: but facial paralysis followed in six. No return occurred in five cases kept for a long time under observation.

In accessorius cramp only in two out of seven cases was notable and lasting improvement obtained.

In disturbances of motility in the extremities a good result appeared in three out of six cases.

In traumatic tetanus six cases out of twenty-four were cured. Since in two of these energetic general treatment was also kept up, only in four (sixteen per cent.) could the success be attributed to the operation.

In reflex epilepsy good results were obtained; in three cases of congenital epilepsy improvement or cure resulted.

In tabes dorsalis amelioration of symptoms, especially of the pains, was obtained in a few cases, where sensibility, ataxia, and difficulties of the bladder and rectum improved; in others unfavorable results appeared, such as anæsthesia and paresis. The knee phenomenon was not redeveloped.

In other diseases of the spinal cord unfavorable results preponderated.—*Phila. Med. Times.*

The Typhoid Bacillus.— Eberth (Virchow's *Archiv*, Band lxxxiii, p. 486) gives the results of the examination of 17 cases of typhoid fever, with reference to the presence of bacilli. He compares these with 11 other cases of different infectious diseases, in which micrococci were found only exceptionally in the lymphatic glands, and no bacilli were present, and with 13 cases of tuberculosis and phthisis, in which, in spite of the presence of extensive intestinal ulcers, no micro-organisms were found in the spleen or lmyphatic glands. The ulceration of the intestine, here, as in typhoid fever, did not favor the entrance of micro-organisms. In six of the cases of typhoid, he found bacilli, generally in the glands, less often in the spleen; in 11 cases he found nothing. The average duration of the disease in the positive cases was rather longer than in previous observations. The number of bacilli was, on the whole, less; only in one early case (of 14 days' duration) was it very large. The bacilli agreed in all respects with the earlier descriptions, but were not so abundant as in Klebs' cases. In addition, there were, besides the ordinary form, some long broad threads, perhaps only another phase of development.

Letzerich (*Arch. für Exp. Path.*, Band xiv, Heft 3), having observed that the hypostatic sputa of typhoid patients contained the typhoid bacillus in great quantity, cultivated it with care in isinglass jelly. He found that rabbits, infected with this material by hypodermic injection, sickened and died in about seven days. Dissection showed injection and swelling of the mucous membrane of the small intestine and Peyer's patches; the spleen was enlarged. In another earlier series of experiments, in which the washed micro-organisms from typhoid stools were employed, he found atrophy of the spleen. He explains, by the longer duration of those cases, atrophy succeeding to the primary state of enlargement; and he refers to the case of a rabbit placed by his children in the hutch he had used for

these experiments, and which sickened and died in seven or eight weeks: on section, it showed atrophy of the spleen and numerous atrophic patches in the intestinal mucous membrane, with no Peyer's patches, but, in their place, thin transparent areas surrounded by a slightly thickened and pigmented edge. These experiments show that the typhoid poison may be introduced by other ways than the alimentary canal, and that the bacilli have the power of entering the blood-vessels and being transported with the blood-current. They leave the blood again, and pass into the tissues, either directly by diapedesis, or enter white corpuscles, which act as their carriers through the walls. Microscopical examination of the tissues of these animals showed the tissues, especially Peyer's patches, infiltrated with fungoid growth in zöoglœa-masses of a pale yellow color, probably derived from the coloring matter of the blood. Some of the spore-cells give rise to bacilli by endogenous division, which form networks for the most part, but soon become enlarged at each end, so as to assume a dumb-bell form. This infiltration leads to necrosis of the tissues. In the spleen, similar micrococci and bacilli, forming colonies, are found in the interstitial spaces, under the capsule, and between the elements of the organ. The small veins are often blocked by the growth, causing capillary hemorrhages. In the lungs, there are inflammatory foci formed by the accumulation of lymphoid cells in the alveoli between which are micrococci and spore-cells. The veins are often obstructed by fungoid growth. In a postscript he adds that, after seeing Klebs' description of a fine thread-like form of the micro-organism, he looked over his preparations carefully, and found it present in those follicles in which the process had not reached a higher degree. These researches fully identify his earlier described "micrococcust yphiabdominalis," with the "bacillus typhosus" of Klebs. —*London Med. Rec , N. Y. Med. Abstract.*

On the Physics of Anæsthetics.—In a suggestive paper in the *American Journal of the Medical Sciences* for April, 1882, Dr. Wm. H. Greene points out the possibility of disastrous results being due to the physical nature of an anæsthetic to the exclusion of all other factors.

All gases or vapors which are capable of replacing a portion of the air entering the lungs, and which exert no poisonous action on the tissues, may be classed as anæsthetics, probably from their excluding oxygen from the lungs, and Dr. Greene shows it is not at all improbable that at least a part of the effects of all anæsthetics is due to the same cause.

The elimination of an anæsthetic is a matter of as vital importance as is its introduction, and this elimination, for the most part effected by the lungs, must be governed by the laws of the diffusion of gases. If the vapor diffuse but slowly into the air, it is obstinately retained by the air lobules, and its presence must, to a certain extent, interfere with the elimination of carbon dioxide and the necessary absorption of oxygen.

The rate of diffusion of gases is inversely as the square roots of their densities. Dr. Greene makes an interesting comparison between the vapor densities of a few simple compounds, and, at the same time, their reputed values as safe anæsthetics, in which the attention must necessarily be drawn to the low densities of the substances which are universally recognized as those whose employment is most devoid of danger.

Syphilitic Re-infection.—This question of the possibility of a re-infection by-syphilis is a very important and interesting one, touching as it does upon the possibility of a cure of the disease, for it is generally believed that, while the patient is under the influence of the first infection, he is not obnoxious to a second.

In the *Amer. Jour. of the Med. Sciences* for April, 1882, Dr. F. R. Sturgis reports the history of a man, who, apparently free from previous disease, entered the hospital with two initial lesions, followed by a macular syphilide, osteocopic and muscular pains, and a double iritis. Under treatment, extending eight months, his symptoms entirely disappeared and remained absent for fifteen months from the last date of his taking medicine. He then entered the hospital again with a couple of lesions of the genitals, which appeared three days after coitus no other connections having been indulged in for a period of five months. At the time of his entrance these ulcers were already a month old, and presented the appearance of initial lesions. Auto-inoculation practiced with the matter from one of these ulcers produced an apparently positive resultant pustule was short-lived, and did not have the characteristics of the simple venereal ulcer. It was followed by a macular syphilide, osteocopic pains, and other symptoms of an early syphilis.

The Functions of the Soft Palate and Uvula.—In the *Amer. Jour. of the Med. Sciences* for April, 1882, Dr. Whitfield Ward publishes a paper in which he shows that the velum and uvula play an important part in the production of nearly every tone that issues from the vocal organs, and, without their proper action, singing is out of the question. During the production of tones that are emitted through the nose alone, the free border of the velum rests upon the dorsum of the tongue, thus shutting off all communication between the fauces and anterior buccal cavity, thus increasing the length of the human musical pipe. If, during the intonation of certain notes, the pendulous velum should be pressed up against the pharynx, exactly the same effect would by produced as though a piece of the upper extremity of an organ-pipe were to be cut off, namely, the placing of the note higher in the scale.

The physiology of the uvula is none the less remarkable, since very many of the actions of the velum are entirely under the control of this important little body, which acts as its supporter.

Acute Glaucoma Induced by Duboisia.—That atropia instilled into an eye may excite an attack of acute inflammatory glaucoma is generally accepted by ophthalmologists as an established clinical fact. An inference which may properly be induced from this is that all drugs belonging to the mydriatics may likewise cause this morbid state to appear. A practical illustration of this as regards duboisia is presented in the history of a case, the first, so far as we are aware, on record, reported by Dr. Albert G. Heyl in the *Amer. Jour. of the Med. Sciences* for April, 1882, in which, following the instillation of duboisia, acute inflammatory glaucoma was speedily developed in an eye in which a simple glaucoma already existed.

CLINICAL RESEARCHES AND EXPERIMENTS UPON THE PATHOLOGY OF ERYSIPELAS.—(*Lyon Méd*): D. Dupeyrat bears out the experiments of Dr. Orth, as demonstrating the parasitic nature of erysipelas. The conclusions with which he terminates his thesis are as follows: (1.) Erysipelas is due to a living substance strange to the organism, and capable of reproducing itself in the economy. (2.) This material or substance is a spherical bacterium, isolated, or united like beads, but always fixed. (3.) This immobility is a characteristic which he believes to be pathognomonic of the bacteria of erysipelas. (4.) This bacterium is the only one which seems to be able to produce erysipelas. (5.) This germ is incapable of flourishing in all subjects, certain individuals affording a more favorable soil for its development. (6.) A wound is necessary for the penetration of the germ into the economy. (7.) Artificial erysipelas can only be produced in animals by the specific baeteria. (8.) The serum of an erysipelatous bulla, deprived of its bacteria, cannot produce this exanthem.—*Glasgow Med. Jour., N. Y. Med. Abstract.*

Formulary.

CAMPHORATED CHLORO-TANNATE OF IODINE.—The above named preparation to be used as a topical application to bleeding ulcers and cancers of the cervix uteri, is made as follows:

℞ Chloral Hydrate..... ʒ i.
Iodine..... ʒ ss.
Oil of Camphor..... ʒ vi.
M. S. ft. sol., et. adde

Tannic acid q. s. to bring the mixture to the consistence of thick syrup.

For hemorrhagic ulcers and cancers of the cervix uteri, we have found the above preparation an excellent application, both as a hemostatic, deodorizer and alterative. For bleeding cancers, we use the medicine pure, by charging a pledget of candlewick with the mixture, and placing it against the affected part, filling in the vagina below with dry clean wicking. The application should be renewed every day, as long as hemorrhage threatens or bad odor persists; and before each dressing, the parts should receive a prolonged hot syringe-bath, with a dilute solution of chloride of zinc.

Then more emollient applications—as the comp. iodoform ointment—will be in order.

A good formula for

COMP. IODOFORM OINTMENT:

℞ Iodoform.....
Ergotin.....
Pine Tar.....
Balsam.....ää ʒ i.
Vaseline..... ℥ i.
M. S., ft. ung.

In the treatment of ulcers, the first-named preparation may be mitigaied with vaseline to suit the case. Of course, each case should receive appropriate constitutional treatment, both medical and hygienic.—Dr. Q. C. Smith in *Southern Practitioner.*

NICOTINISM.—Dr. Allen McLane, Hamilton, in his work on nervous diseases, says, that for the person who presents decided nervous symptoms, traceable to tobacco, no better treatment can be suggested than the continuous use of a tonic containing iron, quinine, and strychnine, such, perhaps, as the following:

℞ Strychniæ sulphatis..... gr. j.
Quiniæ sulphatis..... ʒ j.
Tr. ferri chloridi..... ʒ v.
Acidi phosph. dil.
Syr. limonis..... ää ℥ ij.
M. Sig.—One teaspoonful in water thrice daily.

DR. HAMILTON'S PRESCRIPTION FOR EPILEPSY:

℞ Strychniæ sulph..... .....gr. i.
Fl. ext. ergotæ..... ..... ℥ ss.
Lig. potass. arsenit..... ʒ ij.
Sodii bromid..... ..... ℥ ss.
Tr. digitalis..... .... ʒ iij.
Aquæ menth. pip. ad..... ℥ iv.
M. Sig.—A teaspoonful before eating in a half tumblerful of water.

GREASE ERADICATOR.

Kilner (*Boston Journal of Chemistry*) gives the following recipe for this compound:

℞ Castile soap, in shavings..... ℥ jv
Carbonate of soda, powdered... ℥ ij
Borax, powdered..... ℥ j
Aqua ammonia..... ℥ vij
Alcohol..... ℥ iij
Turpentine..... ℥ ij
Sulphuric ether..... ℥ ij

CRACKED NIPPLES.

Le Paris Médical publishes a number of formulæ, which are recommended in this complaint:

No. 1. ℞ Cosmoline..... ʒ xiiss.
Liquid balsam Peru..... ʒ i¼. M.
No. 2. ℞ Oxide of zinc..... ʒ i¼.
Cold cream of cosmoline. ʒ x. M.
No. 3. ℞ Glycerole of starch..... ʒ viiss.
Oil of cade..... ♏xlv. M.
No. 4. ℞ Cacao butter..... ʒ iiss.
Oil sweet almonds..... ʒ ss.
Extract of rhatany..... ♏xv. M.
No. 5. ℞ Gutta percha..... ʒ j.
Pure chloroform q. s. to dissolve.

By anointing the excoriations with this a slight film is formed, which will not become detached, even after sucking.—*Med. and Surg. Reporter.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Patents on Surgical Instruments.

There are probably but few physicians of this country who have not, since the beginning of the present year, been favored with reprints of articles from some medical journal in which have been discussed the question of the propriety of protecting a medicinal compound, that is giving any particular firm or individual a proprietary interest in any such compound, by placing on it a trade-mark or covering it by a patent. This voluminous and impartial and gratuitous distribution of this literature is a direct outcome of a resolution which was introduced at the Richmond meeting of the American Medical Association bearing on this subject. This resolution was laid over under the rules and referred to the Judicial council of the Association, who will report at the meeting at St. Paul in June, and it is, doubtless, one of the objects of the free distribution of the literature in question, to mould professional opinion against the approaching meeting.

The resolution referred to while condemning exclusive proprietorship in the name of a medicinal compound or any secrecy in the formula according to which it is prepared, holds it to be strictly ethical, or at least not unethical, for any one who may have discovered any mechanical contrivance whereby this compound may be more neatly, quickly, efficiently and economically made, to invoke the protection of the patent law on his invention. The adoption of this resolution without amendment, it will thus be seen, will involve a very radical change in the provisions of the Code on the question of patents. As the Code now stands it is derogatory for a physician to hold a patent on any instrument or device. This provision of the Code is one which has, particularly of late years, been frequently referred to as an injustice and a hardship. It moreover works at times prejudicially to both professional and public interests. It retards progress by removing that most potent stimulus to effort, personal interest. In the arts there is a constant activity and effort towards the improvement of existing methods and the devising of new methods for the accomplishment of results, the inventors being encouraged by the assurance that they will be protected in the results of their efforts by the patent laws and that their genins may secure them those pecuniary considerations which, after all, are the incentives to the vast proportion of human effort. It is a beneficial feature of the patent law, and withal a righteous one, which grants to an inventor an exclusive right to his invention for a number of years, in consideration of his filing such full knowledge of his invention as will make it available for public benefit after the expiration of the patent. Certain it is that had the same rule obtained in the useful arts as the Code of Ethics imposes on the medical man, we should to-day be still cutting grain with the sickle, sowing by hand, and carrying on other industries after the most primitive and heathen Chinee methods. It is customary to write and talk in poetic measure of the philanthropy and disinterestedness of the profession, but we are of the opinion that the vast majority of the efforts put forth to improve the condition of the race, even by doctors, find their incentive in a desire to advocate the personal interests of the philanthropist. It is true operative surgery has been enriched with many valuable inventions on which there are no restrictions in the way of patent, but it will usually be found that the name of the inventor or improver has been intimately incorporated with the instrument, and in this way securing the fame and indirect pecuniary returns, without the hope of which the invention would probably never have been evolved. But returns of this nature are not a sufficient inducement to the rank and file. It requires a position in medicine, and a reputation won by long years of plodding toil, to utilize such invention to the improvement of the financial affairs of the inventor. Plain Dr. Smith who has spent his days in obscurity, may invent the most useful of medical or surgical appliances, but the fact that he has never before been heard of condemns his invention, and it will require capital to bring it before the profession in such a way as will convince them that it has merit entirely independent of the inventor. But the doctor has no such balance to his credit in the bank as would enable him to devote the necessary capital to this end, and thus the most meritorious device, and one which has in it the possibility of relieving much pain, or correcting much deformity, or saving much life, is doomed to be interred with the bones of its author.

But, it may be urged, why does the inventor not place his invention in the hands of the instrument maker, who is always on the alert for such articles? The instrument maker is not a professional man, and is, therefore, a business man who is only secondarily a philanthropist, his first aim being to add to the wealth necessary to provide for his own, failing to do which he is, in the words of holy writ, worse than an infidel. Unless the inventor has a name which is sufficient to advertise the instrument, the instrument dealer will not take hold of it without some guarantee that he shall be protected in the re-

turns which shall legitimately follow his enterprise in placing it on the market. But Dr. Smith is a physician in good standing, and he values this reputation more than gold. For him to fly in the face of the Code by attaching a patent to his invention, would be to ostracize himself as a quack, and even if he were to secure a patent, no reputable physician, as he values his standing, would dare to use the instrument—the using of a patented device being also forbidden by the Code.

It will thus be seen that existing professional regulations in the matter of patents amount practically to prohibition, and is at once unjust, and inhuman. We have now in hand a case which points this moral. A physician of this state, and a gentleman of acknowledged superiority in the somewhat limited range of his acquaintance, has devised an inhaler for the administration of anæsthetics. Those who are qualified to pass on its merits have pronounced it to be a device of real worth, and in this regard differing from inhalers already in the market. He has neither the time nor means to invest in introducing it to the notice of the profession. An eastern instrument maker, whose attention has been called it, is desirous of handling it, but will not do so unless it is patented. Without some such protection, there is nothing to prevent other makers, after he has expended the means necessary to its introduction, and after a demand has been created for it, from making it,and thus literally robbing him of his legitimate rights. The inhaler, consequently, remains unknown to the profession, and there probably occur many deaths from anæsthetization which might through the use of this device have been prevented.

It is time, we would suggest, for the American Medical Association to take action on the recommendation of its ex-president, Dr. J. Marion Sims, on this matter. There is a legitimate field for patents in medicine, and it behooves the profession to indicate the boundaries of this field.

The Lamson Case and its Lesson.

The case of the American physician, Dr. Lamson, recently convicted in England of murdering a relative by poison with the object of securing an inheritance, and who has been sentenced to expiate his crime on the gallows, has excited much professional as well a public interest. A certain class of sentimentalists in this country, through whose efforts the gallows is cheated of its just deserts with a frequency which has in it something to excite alarm, have managed to secure a respite for the convicted murderer on the plea that they can adduce evidence collated from this country, tending to establish his insanity. These will find, however, that the laws of the "effete despotisms of the old world" and the public sentiment by which these laws are backed, will scarcely permit success to their efforts in this direction.

But this case is one of peculiar interest to the medical profession. It furnishes an instance of the assistance which competent expert testimony is capable of affording justice. It was on this testimony in the Lamson case that the prisoner was convicted. The poison employed was aconite, a poison shrewdly selected by the murderer as one of the least likely to be detected post mortem, and one the symptoms of whose fatal effects it would be quite possible for the less careful diagnostician to attribute to some idiopathic disease. It would have been quite possible for an astute lawyer to have created a doubt in the minds of the jury had the experts in the case been such as may almost daily be heard from the witness stand in this country. It is a mistake frequently fraught with deplorable consequences to accept the testimony of general practitioners on which to decide the guilt or innocence of a prisoner. We venture to believe that had there been none but such on the stand in the case in question the prisoner would have been acquitted, for might not any of the symptoms of aconite poisoning be caused by disease? The prisoner would have received the benefit of the doubt and would have walked forth a free man in consequence. But fortunately an expert appeared in the case in the person of Dr. Stevenson, whose testimony was clear, definite, unequivocal, and free from loop-holes; it was deduced from a scientific investigation of the case. He not only proved by his masterly experiments the nature of the poison, but sustained himself on the stand under the most searching cross-examination. He had facts and not mere hypotheses to stand on, and his testimony was therefore impregnable. He proved to the mind of every competent chemist the presence of aconitine in the contents of the stomach, and his experiments with it on dogs and other animals removed all vestige of doubt from the minds of the jury.

An effort was made by the defense in this case to throw doubt on the reliability of Dr. Stevenson's testimony, by attributing the poisonous effects on the animals experimented on to the "cadaveric alkaloids" which, we have lately been informed, are developed in the system post mortem. Fortunately, however, none of the conditions had presented to which the presence of such are attributable: the body of the murdered boy was not decomposed when the poison it contained killed the animals into which it was injected; the vomited matter had been preserved in alcohol, and thus freed from decomposid substances, still gave indisputable proof of aconitine; and there is no evidence to show that cadaveric alkaloids are capable of producing the physiological effects of normal vegetable alkaloids.

The Lamson case, besides ranking high in a medico-legal sense, furnishes fresh evidence of the importance and necessity of exactness in the utterances of experts, such exactness being, of course, the result of proper scientific investigation. It also shows the value of experiments on inferior animals, and will spike one of the guns of the anti-vivisectionists.

Miscellany.

A Medical Catechism.—The following humorous selection is from the *Daily Graphic*. Its writer has a manifestly good insight into the tricks and devices which lie at the bottom of a successful practice, and there are, it is an open secret, those in most communities who can talk from experience of the results of such methods:

Patient—Now, doctor, how would you define "medical science."

Doctor—Well, medical science sometimes consists in making a person think he's very sick when he isn't, and at other times it tells people there isn't much the matter with them when they're half dead. Sometimes all this depends on the size of the patient's pocket book. That in medicine is a very important and vital organ. The great aim, however, in my experience, is to have as many folks sick as possible, and to keep them sick.

Patient—What is your idea as to the naming of diseases?

Doctor—To change the name at least once in ten years.

Patient—Why?

Doctor—Because old names, such as "croup," "lung fever," etc., get too common. People are too apt to find out how to treat such diseases themselves. But when we clap a Latin name on the old complaint it mystifies the public, scares them, and sets them all adrift again. There'd be millions of dollars lost to the medical profession if we didn't change the names of our complaints occasionally.

Patient—Suppose a well-to-do person is a little out of sorts and comes to you with an idea that something very serious is the matter with him, what will you do?

Doctor—This affords me some of my best paying practice. In such cases I "break up the disease." I tell him that he is seriously threatened with something awful in Greek or Latin, composed of two words, seven or eight syllables and one hyphen. Then I put him on a course of harmless drugs, to be taken at regular intervals of two hours. I put him also on a strict system of diet and keep him in bed. It requires about a week to "break up the disease." "Such prevention is better than immediate cure." "It pays better too."

Patient—When you are called in and are yourself uncertain as to the nature of the patient's sickness, what do you say to his inquiring friends or family?

Doctor—The proper conrse in all such cases is to look wise and grave, and say as little as possible. We leave some medicine, of course. How can one be a doctor unless he always gave medicine? The medicine quiets the patient's mind and those of his friends. Patients, to tell the truth, are as bad as doctors in this respect. They will insist on having some medicine when they not need it. But it never pays for a doctor to talk much.

Patient—If you are called in after the sick person has been for several days previous in the care of another physician, and the patient dies, what is your course?

Doctor—Invariably to regret to particular friends, in a subdued manner, at the proper times and places, that I had not been called in before the disease made such headway.

Patient—Do you not think in many cases of sickness that nature, aided by plenty of rest and good nursing, would effect a cure?

Doctor—We do not encourage nature in such practices. It would ruin the profession.

Patient—Now, if you treat a patient for you don't exactly know what, and he recovers, don't you take all the credit for such recovery?

Doctor—Sir, that is a professional secret.

Patient—Can you tell me, doctor, why it is that an expensive office, a horse and carriage, and a residence in the fashionable quarter, are practically considered as of much, if not more, importance to a doctor than his skill or experience in his art, and that a doctor without the capital to set himself up in this manner, be his skill ever so great, can never hope to attain a fashionable practice?

Doctor—Certainly I can. It's custom and stupidity. But stupidity makes money for us. Are we going to try and cure stupidity? Kill the goose that lays for us golden eggs? Never.

Patient—What other means have you for stimulating and developing practice?

Doctor—A good doctor will always have a reputable standing in some respectable church. He will at least hire a pew—front few if possible—and send his family regularly. Of course, he must have a family. A doctor without a family is unsafe—hasn't given any hostages to society. He needn't attend church regularly himself. If he has much practice, it isn't supposed he can. The sick must be visited, Sunday or no Sunday. And when he does come to church it is well to have him called out occasionally—case of sudden illness—doctor sent for; so hard on the poor man, too, when he has so little opportunity to worship. Yet no rose without its thorns. No—I mean no cloud without its silver lining. When the doctor is called out of church all the congregation will see he's in demand. It's a splendid advertisement.

Patient—Who are the most permanent and lucrative patients?

Doctor—Women.

Patient—Why?

Doctor—Well, I think sometimes they had rather be sick and under a doctor's supervision than not. Another reason is they are more perverse than men in clinging to the causes of their ailments. A man better realizes that without health he cannot carry on his business. So when he finds out the cause of disease he'll set to work to stop it. Tell a man he needs more fresh air and he'll try and get it. Tell him he needs more out door exercise and he'll try and take it. But most women won't. They squeeze themselves into corsets, and insist on being cured of ills caused by corsets with pills. They'll go out in cold, damp weather in costumes which show off

their figures and without cloaks, when the cold drives all the blood from their skin, for hours. They'll insist on being cured by doctors and pills. They'll wear tight shoes, which deform and pain their feet, and this plan drawing indirectly from their strength—they'll insist on being cured with more pills. Nor is this all. But I shall tell no more. It is giving the "profession" away. These things involve our most lucrative secrets. I shan't be thanked now by thousands of brother medical nurses of disease for what I have told. Go to, young man! Go to! You've got enough, and how in the world you've managed to worm out of me what you have is a mystery. Get thee to a nunnery! I'll never more have one such as thou pumping from me that information which is to me my professional life blood. Thou art an interviewer disguised in the likeness of a sick man. Go to!

Red Sweat.—It has long been suspected that the red as well as the blue color occasionally observed in perspiration, is due to the presence of bacteria. In a woman whose sweat, especially in the axillæ, had a red tinge, Hoffman in 1873 found that uniform red masses adhered to the hairs, but he did not ascertain their nature. Pick observed in a peculiar case of skin disease, reddish masses of bacteria on the hairs. Eberth noticed bacteria in yellow sweat. Additional observations of the same kind have been reported by Babesiu, of Pesth. A woman 26 years years ago presented pale-red sweat in the right axillæ, where the skin and hair were also slightly reddened. From time to time the perspiration became blood-red in color, associated with hysterical and nervous disturbances. A sister who slept with her also became affected in a similar manner, the perspiration in the right axillæ becoming red. A third case presented itself in a young healthy man, who complained of occasional blood-red sweat; and fourth in a young woman. In all the symptom was associated with troublesome itching. Microscopical investigation yielded in all the cases a similar result. The hairs of the axillæ were thin, pale-red, brittle, and surrounded with a colloid-looking, rusty or bright-red sheath, in places of considerable thickness, and having a rough surface. I consists of red masses presenting a radiating striation, more or less confluent, apparently proceeding from fibres of the cortex of the hair, or from some broken bart of its surface. The radiating striation was found to be due to the aggregation of round or ovoid bacteria, scarcely a micro-millimetre in diameter, which were united in zooglœa masses by a reddish intermediate substance. Nodular swellings on the hair were produced by an infiltration of the organism between the separated fibrils. The roots of the hair were free from bacteria. The red tint of the sweat was found to depend upon numerous roundish masses of zooglœa, resembling those of Bacterium prodigiosum. The bacteria were deeply colored by anilin and hæmatoxylin, and were rendered more distinct on the addition of acetic acid or liquor potassa, while the zooglœa shrank under the influence of alcohol, ether, and turpentine. Sulphuric acid changed the red color to violet, and then to violet-blue. In sterilized culture solutions, the bacteria multiplied slowly. The conclusions drawn from these observations are that the red sweat often found in the axillæ is colored by a sphero-bacterium, the development of which gives rise to an excessive perspiration, and sometimes to brittleness of the hair, itching, and slight tinting of the skin. The red sweat appears to be contagious. The bacteria resemble, on the one hand, the colorless zooglœa found in hair, and, on the other, certain chromogenous bacteria, especially Bacterium prodigiosum, from which it is distinguished by the brick-red color of the intermediate substance. It is more difficult to cultivate than Bacterium prodigiosum, but gives essentially the same chemical reactions.

A Mere Nothing.—How many people are there whose life-work has been abruptly cut short by the progress of disease originating in the most trivial manner, and unregarded until it has become, perhaps, incurable? A trifling cold; a slight indigestion; "a mere nothing," as it is popularly termed, is permitted to exist unheeded for a time, and at length it begins the development of chronic affections, that terminate only with the life of the sufferer. The briefest review of any ordinary practitioner's case-book will supply numberless examples of the kind; the experience of every physician will yield innumerable instances of fatalities brought about by neglect of minor ailments at the outset. Among professional men, and hard workers in every calling, it is regarded as involving too considerable a loss of time to give any heed to sicknesses that do not entirely incapacitate for discharge of business; and thus to "lie up" for a cold, or for a pain which can be borne with under any possibility, is considered as uncalled-for indulgence. It may be, perhaps, that medicine itself is to blame for this indifference to risk. Too little has yet been made clear respecting the early progress of even dangerous diseases; we are, in spite of all advances, all but absolutely ignorant of the subjective and objective symptoms indicative of the initial lesions which give rise to most dangerous consequences; the "mere nothings" of everyday life may have a significance, and doubtless do possess an importance which, could we but trace the whole evils to which they give rise, would obtain for them an attention they have never yet received. In the absence of this knowledge, it is our duty to impress, at all times and in all places, the gravity of "trifles," and to stimulate a universal desire to get rid of the "mere nothings" which go far to create the common diseases of mankind.

Deceptive Thermometry.—*Medical Press and Circular:* Some recent cases of high temperature prove the cunning of patients, in order to deceive

their medical attendants. An incident happened in the clinique of Professor Valette, of Lyons, which will put physicians on their guard when the temperature is inordinately low. He was treating a young girl, æt. 11, for fever, by means of cold baths. She expressed a great abhorrence of cold water. One day, Valette, on visiting his patient, and examining the thermometric record, saw that a rapid defervescence had set in; yet the pulse was very frequent, and general condition alarming. No bath was given. Next day the same phenomena; temperature below 38° and 35° C. The professor found out the cause. The young woman's temperature was taken in rectum. Previous to introduction of thermometer, she introduced a piece of ice into rectum, so that the thermometric observations were at fault. The baths were given again. The young girl soon recovered.

Relative Power of Antiseptics.—The *Revue Scientifique* (Feb. 14) contains an abstract of experiments made by M. Jalan de la Croix to ascertain the relative value of various substances in preventing the development or evolution of the microbia of putrefaction. He placed finely divided boiled or raw meat in water, and ascertained the maximum and minimum quantities of each substance that were effective. The figures in the following table indicate the number of grammes of water in which one gramme of the substance mentioned prevents the development of microbia:

Substance employed.	Maximum dose in which development is not arrested.	Minimum dose in which development is arrested.
Alcohol	30	1.77
Chloroform	134	1
Soda biborate	107	14
Eucalyptol	308	14
Phenol	1002	10
Thymol	2229	20
Potash permanganate	3041	35
Picric acid	3041	100
Borated soda salicylate	3377	30
Benzoic acid	4020	50
Ethereal oil of mustard	5734	40
Sulphurous acid	7534	72
Alum acetate	7535	478
Salicylic acid	7677	343
Mercury bichloride	8358	2525
Lime hypochlorite	13092	109
Sulphuric acid	16782	135
Iodine	20020	410
Bromide	20875	493
Chlorine	34509	431

From which it will be seen that chlorine, the hypochlorites, and perchloride of mercury are very effective, whilst alcohol is comparatively impotent.

"Unfermented Wines.—Mr. J. Dixon, in the *Medical Times and Gazette*: It seems hopeless to argue with teetotalers. For a sboer man, who has all his life taken wine with his meals, to give it up and drink nothing but water, because A muddles himself with beer, and B maddens himself with gin, seems little short of insanity. And now some religious persons are taking up the position that Christians, as such, ought to be total abstainers; that is to say, be better than Him from whom they derive their name. He must occasionally have drunk wine, otherwise the Pharisees could not have taunted him with being a "wine-bibber." But then these good people have made the discovery that wine such as the early Christians drank was *unfermented!* The term "unfermented wine" is, of course, self-contradictory, wine being the fermented juice of grapes. No fermentation, no wine. Is it credible that people undertook all the labor of planting and tending vines, gathering the fruit, and crushing it in the press, for the sake of drinking some ropy grape-juice? And how long would such sickly stuff have kept sweet in the climate of Asia and southern Europe?

If the wine which the early Christians drank at their love-feasts was unfermented, how is it that St. Paul had to denounce the behavior of some of the Corinthian converts, who, at these very love-feasts, he says, used to get drunk upon it?

Notes from Private Practice.—Dr. Luigi G. Doane, of New York, contributes the following few notes as the results of his observations:

Labor as a Cause of Uterine Diseases—I should like to say that the experience of many medical men here in New York has convinced them that lacerations of the cervix uteri, retroversion, and many other diseases, are due to too frequent labors. The American woman who has children too fast, lays the foundation for uterine diseases. With better care before and after labor, we can expect better children. Especial attention should be paid to the kidneys and bowels before and after that period.

Local Application of Iron and Iodine in Diphtheria.—An experience extending over five years has convinced me that the proper way to treat diphtheria is by the local application of either tincture of iron or iodine. I apply the same directly with a long brush. I believe diphtheria to be a form of scarlatina, minus the rash. I hope this suggestion will excite criticism and research, and shall be pleased to hear from any brother M. D. upon the views expressed.

Viburnum.—I have used viburnum in amenorrhœa and in dysmenorrhœa. In the former I combine some form of iron with it, usually the bromide. In the latter a combination with fl. ext. ergot will usually be indicated. I believe it to be an excellent and efficient addition to the materia medica.

Ripe and Healthy Old Age.—*Gaillard's Medical Journal:* A. Bronson Alcott has written all his poems since his eightieth birthday. Von Ranke, now eighty-six years of age, is writting his "History of the World." Whittier, over seventy, writes most of the morning, walks most of the afternoon, and often goes to a party in the evening. Longfellow, over seventy-five read diligently, and collected material for future works! Oliver Wendell

Holmes, over sixty, is bright, cheery, physically active, and mentally as strong and sprightly as ever. Walt Whitman, nearly sixty-four, the carpenter, printer and poet, the author of *The leaves of Grass, Drum Taps*, and *The Two Rivulets*, is hard at work. Humboldt commenced the study of Hebrew at eighty. Victor Hugo, over eighty, is actively at work. Velpeau, clinician, teacher, practitioner pathologist, working ten hours daily, made the time wherein to write and publish over eighty works, and died in harness. Von Graefe, whose clinic always lasted most of the day and his practice far into the night, recorded his work every day. Sir James Y. Simpson, from whose doors the carriages of the nobility were turned away frequently, after vainly waiting to bring their occupants to the Doctor's door, wrote voluminously, held a daily Hospital Clinic, and lectured for an hour, three times weekly, etc., etc., and died in the midst of such labors, and yet many physicians, but little over fifty, say that they are too old to write, and are getting to old even to read. And many young men are too busy to write!!

BAPTISTE-JACOB, THE NEW SIAMESE TWINS.—*Presse Médicale Belge—Medical Times:* The brothers Tocci, born in Turin in 1877, are considered to be even more curious than the famous Siamese twins. They have two well-formed heads, two pairs of arms, and two thoraces, with all the internal organs; but at the level of the sixth rib they coalesce into one body. They have only one abdomen, one umbilicus, one anus, one right and one left leg. Their genital organs consist of a penis and scrotum, and at the back there is a rudimentary male genital organ, from which urine sometimes escapes. It is a curious fact that the right leg moves only under the control of the right twin (named Baptiste), whilst the other leg is movable only by the left twin (named Jacob). As a result, they are unable to walk. The left foot is deformed and is an example of talipes equinus. Each infant has a distinct moral personality: one cries while the other is laughing; one is awake while the other sleeps. When one is sitting up, the other is in a position almost horizontal.

CONNECTION BETWEEN NASAL AND UTERINE CATARRH.—W. Ryno, M. D., Coloma, Mich., is inclined to be satirical; he writes: Having noticed the above matter referred to by F. L. B. and G. E. C., it brought to mind a case of very similar symptoms in my practice. The patient was attacked with imagination, in great eccliptic, in close connection with one parabolic, arising from atrophy of the cerebral constellations. We always found that when there was profuse lachrymalation of the utero in perihelion, there was sure to be a catarrhal, muco, purulent discharge in the conjugate axis. For these unparalleled symptoms we depended upon the atomic syllogistic treatment, and if there was found to be an intra-cranial cerebellum of sufficient capacity, the patient evoluted immediately.

A VALUABLE CAUSTIC.—*Medical Gazette:* Take half a fluid ounce of sulphuric acid and saturate it with sulphate of zinc previously dried and powdered.

Sir James Y. Simpson recommended that this caustic should be used by dipping a pen in it and then drawing lines across the tumor so as to eat through the skin in a few minutes. The fissures thus made are to be filled with the paste, renewing the scratching and caustic every day or two. In this way five to eight days may suffice for the removal of a good-sized tumor. By this combination we can penetrate deeply, also without hardening the parts and without fear of producing hemorrhage.

In the *North American Review* for May, Carl Schurz, treating of "Party Schisms and Future Problems," presents many well-considered observations which cannot fail to interest in the highest degree that large and growing class of citizens who refuse to be influenced by obsolete party cries. "Days with Longfellow," by Samuel Ward, contains personal reminiscences of the beloved poet just deceased, extending over a period of forty-five years. Elizabeth Stuart Phelps, in an article entitled "What does Revelation Reveal?" Lieutenant-Commander Gorringe writes of "The Navy." W. H. Mallock, in the first of a series of "Conversations with a Solitary," very ingeniously contrives to put the advocates of democracy any modern progress on the defensive. Finally, Gail Hamilton contributes a paper, "The Spent Bullet," in which science, the pulpit and the law are with exquisite wit taken to task for the part they respectively played in the Guiteau-Garfield tragedy.

Maclean who recently attempted to assassinate Queen Victoria has been acquitted, his insanity havbeen proven to the satisfaction of the English jury. Had he been a good shot it would probably have been more difficult to satisfy the jury that his mind is unhinged. He will end his days in an insane asylum. One redeeming feature of his trial was the absence of the exhibition of "experts" which characterized Guiteau's trial.

A New York correspondent of the Chicago *Medical Journal and Examiner* indicates the following as among the effects of gynæcology: "No doubt much physical good is done, but women are brought to that stage when they think no more of having a physician look at the cervix than at their tonsils, while in many cases a morbid craving for local treatment, tampons and pessaries, is generated."

The trustees of Jefferson Medical College have divided the chair from which Prof. S. D. Gross has retired between Dr. Samuel W. Gross and Dr. John H. Brinton, the former taking Principles of Surgery and the latter Practice of Surgery. Both of these gentlemen are able and popular lecturers. The elder Gross has been placed on the Faculty list as Emeritus.

The committee on expenses of the illness and funeral of President Garfield, have submitted a majority report as a substitute for a bili previously reported. The new recommendation is to give Dr. Bliss $25,000, Drs. Agnew aud Hamilton $15,000 each, and Drs. Reyburn, Boynton and Edson $10,000 each. Drs. Barnes and Woodward are recommended for promotion. There is an accompanying minority report objecting to the fixing of any fee for the medical attendants, and asking the surgeons interested to send in their bills. This is the only business like way of disposing of this matter. The minority report furthermore intimates, that inasmuch as there was no unusual skill displayed in the case, unusual fees should not be paid.

A patient who got drunk recently, and "gave the thing away," stated that he was paid $5 a day by the proprietor of a mineral spring to play the part of a baldhead, whose shining pate was being re-covered with a luxuriant growth of hair, under the influence of the water of the spring. He had his head shaved clean every day for a week, after which a fine crop of red hair began to show itself. There is a suggestion here.

Prof. S. D. Gross closes his letter of resignation to the Board of Trustees of Jefferson Medical College with the following sentence: "I lay down the robes of office not without regret, but with clean hands, and with the consciousness that in all my teachings, extending in different schools over a period of forty-eight years, I was ever governed by an eye single to the welfare of my pupils, and the honor and dignity of my profession."

The "Illinois State University of Medicine" is the name of a medical school recently organized in Chicago. It is to be a very "liberal" college, although it does not yet appear what this attractive qualifying term is designed to conceal.

A sample of bread made from flour adulterated with soapstone pulp, in the proportion of two tablespoonfuls of the adulterant to a teacupful of flour, together with a specimen of the pulp, has been submitted to the National Board of Health for examination, by a correspondent in Easton, Pa.

Original Articles.

[Read before a meeting of the Wayne Co. Medical Society.]

Nussbaum on a New Treatment for Ulcers.

AN ABSTRACT TRANSLATION BY AUGUST KAISER, A. M., M. D., DETROIT, MICH.

In looking over the standard works of the early part of the present century, we find them still indicating amputation as the proper remedy in severe chronic cases of ulcerated legs. This procedure is now seldom necessary, although the great length of time needed to effect a cure in obstinate cases demands that new experiments be made, and to-day I have the honor to explain to you some of these.

Commencing with the year 1857, I have since frequently tried an operation on exceptionally obstinate ulcers. The change produced upon these callous ulcers by this operation has been in all cases so great, so satisfactory, and so prompt, that I have adopted it in properly selected cases. I have already cured upwards of 60 cases by it, and can recommend it with a good conscience:

I narcotize the patient, and make a circumcision around the ulcer and half an inch beyond the circumference or outer rim of the sore. This incision must be of sufficient depth to penetrate to the fascia. I thus naturally sever a great number of blood-vessels, and to arrest the excessive hemorrhage which would naturally ensue, I immediately insert a fine strip of lint into the incision, and tightly compress the entire ulcer. The lint is further necessary, lest the cut should heal up over night, as it will not gape any more than an incision into a piece of cheese. On the following day I remove the lint and the bandage, after which I bind only with wet linen till healed. The change even in the first 24 hours is quite astonishing. The ulcer which yesterday secreted three to four quarts of disgustingly stinking filthy liquid matter, will to-day produce but a spoonful of thick, odorless, cream-like pus. The incision which yesterday would not open out, is to-day a gaping, widening wound. The half inch of skin left has already commenced to grow inwards, and the ulcer to get smaller. The old ulcer thus decreases in size with astonishing celerity, whilst at the same time the narrow incision daily grows broader and opens wider. Thus the old ulcer will have entirely disappeared in a very short time, whilst the incision will have become a broad circular wound.

What may have taken place then to create such a marked change? What is it, that has so materially reduced the secretions heretofore so profuse? The answer is very plain: The circumcision has severed dozens of large abnormally distended vessels. The ulcer, which yesterday was supplied by a multiplicity of vessels, by an abnormally excessive supply of blood, and produced large quantities of pus, so that one layer of the exudation or secretions would wash away the other, rendering all crystalization or cell-formation impossible, is to-day cut off all around from all supply of blood and is now fed only by the smaller vessels from beneath, from the fascia, and as the supply of nurishment from this latter source is very limited, there is time afforded for the formation of cellular texture, without its being prematurely washed away by a too rapid exudation. Hence we have to-day a spoonful of thick cream like pus instead of three or four quarts of serous matter. But where there is nice thick (laudable) pus, the formation of new texture, granulation is going on to fill up and heal the ulcer. The wound being filled out, and filled up to a level with the skin, and only the formation of the skin or integumentary covering is left to be effected. The forma-

tion of epidermis can be effected by Reverdin's method which I will describe further on.

I have, as already stated, completely cured more than sixty obstinate cases by this circumcision and although I can scarcely call the method a radical one, the cure is much quicker and the scar a much more elastic and durable one, than where ordinary remedies are resorted to, which work with such tardiness, that the half cured patient often becomes impatient, discontinues and soon finds himself as badly off as ever.

The reopening of the ulcer is less apt to take place later and less severely after this circumcision than otherwise, because the greater elasticity and mobility of the scar renders the strain produced thereon by the adherent fascia, less injurious. I would make this incision much more frequently and in less serious and in less obstinate cases, were it not for the fact that the operation cannot be performed without rendering the patient insensible to the pain first, by means of narcotics or otherwise, nor without serious loss of blood. For these reasons, and because the severing of so many and such large blood vessels is quite a serious affair, I perform the operation only upon strong patients capable of undergoing it with safety, and only in cases of large and deep ulcers, of exceptional obstinacy, and in which the secretions are very profuse.

The author next refers to the method of transplanting skin to the denuded surface of ulcers, which has, of comparatively late years, come into vogue as a surgical procedure, and gives a history of various experiments, many of them of a novel nature, in this direction from very early times. It is of value after the cavity of the ulcer has been filled up by granulations.

Two physiological facts lie at the foundation of the success of skin transplanting as a surgical device: Each individual cell possesses a certain independent vitality and growth of its own, and is not directly or immediately dependent upon neighboring vessels, and certain tissues of the body live and grow with an entire absence of blood vessels.

Starting out from, and resting upon these two points, Reverdin made the attempt to transplant epidermis cells. This was a happy idea, and proved successful. His method proving easy, safe, and mostly successful, it soon found its way into general practice, a distinction denied to all the other experiments. Even mere epidermis scales scraped off with a knife and scattered over the ulcer have been known to grow. Pieces of epidermis, some the size of a grain of linseed, some the size of a penny, some as large as a silver dollar, were used together with the rete malpighii and a little corium, and wherever the face of the ulcer was well nourished a majority of these pieces took. Ulcers which heretofore seemed as if it would take an age to cover them with an epidermis, can now be covered by the Reverdinian process in a very short time. Five or six small pieces of skin taken from an arm will close up a large tedious ulcer in a few weeks. The pieces must carefully be kept in place for the first three days by means of sticking plaster, which is then softened and loosened with warm water, when most of the particals are found to be adherent. Their borders will be found to be injected red, their epidermis generally swollen, raised and floating. In order to not again undo what has now been accomplished, the greatest caution and a safe protective bandage will be required for the next 8 or 10 days. Presently these patches commence to ramify and extend over the face of the ulcer, and soon cover it over entirely.

The early reopening of the ulcer after a cure has been effected, is due chiefly to the rigidity and adhesiveness of the scar. This renders the mobile and elastic covering produced by this last mentioned process exceedingly important. Every movement of muscle or sinew beneath said scar irritates it, tends to congest it, to excoriate it again. The cure effected by the Reverdinian method of transplanting produces a scar of much greater elasticity and durability. And although we have seen a goodly number of patients returning to the hospital after having been cured by this method, still in no instance has the wound been found to have reopened in those spots whereon these patches had been fixed. The transplanted patches lay without blemish like little oases, or the heads of nails in the midst of the open red ulcer. The elasticity of the scar produced is most exceptionally desirable in many cases. Thus where the skin of the upper eyelid had been destroyed by inflammation, I have succeeded in establishing a mobile and quiet elastic scar by the Reverdinian transplantation, whereas otherwise an incurable ectropion would undoubtedly have been produced by a contracted, almost adhesive scar. It would carry me too far to recount all the vast advantages gained by this operation. I will simply recount to you my experience as to the quality of the various pieces of epidermis or integument used. According to my own observation, it is almost immaterial whence these pieces are taken. The success of the operation depends chiefly upon the field into which they are to be transplanted. The more rough and uneven, the more lifeless this field is, the less likely will the transplanting be to succeed, and vice versa. Since, however, the cutting out of so many little pieces of skin from the arm or abdomen is accompanied with no insignificant amount of pain, and as the physician is not always ready to donate his own skin for the purpose, we have found it advisable to make use of such portions of skin as would fall to our disposition, on occasions of other surgical operations, railway accidents, etc. Whenever I would have occasion to circumcise a healthy boy, or to amputate a crushed limb, I would make use of such pieces of skin as were thereby rendered superfluous, to aid in the formation of an integumentary covering for obstinate ulcers of the legs, extensive burns, or such other defects as we

might happen to have on hand at our clinics. But such superfluous pieces are not always at one's command, wherefore I have made a series of attempts to transplant patches taken from cadvaers or from animals. And the pieces thus taken from a person not more than 6 or 8 hours dead, seem really to be just as serviceable as those taken from a living person. In fact, the skin of a youthful person just deceased (killed) seems to me to be actually preferable to the dry skin of an old living individual. With patches of dog, swine, or calf skin, I have, on the other hand, had but poor success. Even where these pieces would seem on the third day to be properly growing fast, they would generally drop off on the sixth or eighth day. True in many instances a profuse formation of epidermis will set in several days after the patches used in the Reverdinian operation have dropped off. They seem, in these instances, to have left cells behind them capable of development.

Amabile has published some happy experiments, where he successfully transplanted pieces of dog skin into human beings. The attempt to transplant animal skin upon man has rarely been successful in the hands of any other practitioner, although the converse thereof, the transplanting of human skin into dogs, has scarcely ever failed.

Anent Reverdin's discovery, it has been humorously suggested that a man might now have a pair of fur boots made to grow upon his feet. But, as you see, the idea still remains impracticable. A further difficulty in the way of ideas like this, is found in the circumstance that the transplanted integument loses its previous nature and character and adapts itself to the spot to which it has been transplanted. Homogenization of the scar ensues just like in most other healing processes. The most remarkable example hereof has been furnished by Hanff who successfully transplanted a piece of lizard's skin upon the back of a frog. First the scales fell off, then the patch grew smoother and smoother and finally it became in every respect similar to the skin of the frog. If you transplant a piece of mucous membrane upon an ulcerated leg, the moist epithelium will lose itself and become a dry plaster epithelium and vice versa. For example if an ulcer upon the womb is covered with a patch taken from an arm and made to grow to, by means of a tampon, the dry epithelium soon vanishes, and is replaced by moist epithelium, furnishes us a proof, that in this as yet, rather unexplored branch, we have much good to hope from the Reverdinian discovery, in addition to what we have already. For if the formation of integument is of such vast importance in treating running ulcers, then the creation of mucous membrane will often prove an advantage otherwise simply unattainable. I do not doubt but that within the next few months we will hear of some interesting experiments made in this direction, to the great advantage of the human family.

Clinic of Prof. D. Hayes Agnew, M. D., Philadelphia.

Internal Hemorrhoids. The piles in this case are not very large, but show a constant tendency to bleed. I attach great importance to the fact of hemorrhage in these cases and very little importance to the hemorrhoid itself. As for internal hemorrhoids they may give more or less pain every time the patient goes to stool but the moment the bowel is unloaded they recede and give no sign until the next act of defecation. When, then, there is no bleeding, I do not think any operation necessary, but when there is more or less bleeding every time the piles come down, the matter is different. In such cases, if there is any systemic weakness, it is likely to develop, so I always advise an operation. You all know by this time, of course, the difference between an internal pile? is simply an artery, vein and nerve covered by mucous membrane. An external pile is altogether different and is thus formed: one of the hemorrhoidal veins becomes dilated, and being destitute of valves, its walls become inflamed, and a coagulum forms and hardens, so that when you cut open an external pile you always find a clot. These are internal hemorrhoids in this case. There are various ways of operating. Some use the cautery, others strangulate, others simply the ligature. After an extended trial of all these method, I am most disposed to ligate, using the double ligature and lying on both sides. In thus ligating I always cut a little groove in the mucous membrane round the base of the tumor, and allow my ligature to rest in this groove. In this way I save my patient much pain, for it is this division of the mucous membrane that is the most painful part of the operation. When an anæsthetic is not employed, the patient should sit over a vessel of warm water and bring down the piles by straining, but here we shall have to draw them out with these forceps, and grasp them with tenacula. Having drawn them well out, I pass my thread carefully through the base of this one, and withdraw the needle. I then take hold of the two inside threads, and having first cut a groove, tie them very tightly together. I am always careful to take out the tenaculum before tying the second set of threads, for otherwise the bleeding following the removal of the tenaculum would collapse the pile, and so prevent the possibility of its being strangulated. Having securely tied both these piles, I turn them back into the bowel. The patient shall have enough laudanum or opium to keep his bowels closed for seven days, and then we will give him a dose of oil, after which he must lie in bed for two days more.

Carcinomatous Ulcer of the Tongue.—This patient has an ulcer far back on the left side of the tongue, near its root, so far back that only with difficulty see it. There are three kinds of ulcer (1) dependent upon gastric disturbance. This variety is usually situated on the outside of the tongue, and is accompanied by great redness and by absence of the

epithelium for some distance around its site. This form of ulcer is not so very serious, but is most obstinate. To cure it, it is necessary to correct the gastric disturbance. The next (2) variety of ulcer is tuberculous or syphilitic. The ulcer is present only in scrofulous subjects. The (3) variety is the carcinomatous. It is this kind of ulcer with which we have to deal in the present case. It presents the appearance of great depth. This appearance is due to the elevated condition of the edges of the ulcer. In the next place, when we come to touch the surrounding parts we find them indurated. This induration extends on all sides of the ulcer and below it. These malignant growths have a constant disposition to spread, and are very painful. Epithelioma, or carcinoma of the tongue, is generally found in elderly persons between the age of 40 and 60, and is present in five men to every one woman. The only mode of treating such ulcers is to destroy all the surrounding tissue with the cautery. The two arteries (one on each side) of the tongue do not anastomose, and so tend to keep malignant disease from spreading; but on the other hand, the predominance of muscular and fatty tissue in the tongue, and the absence of fibrous tissue is a strong element in favor of the spread of these diseased epithelial cells. We have completely anæsthetized the patient, and before applying the cautery, I fix his mouth open with this gag, bring his tongue far out of his mouth, and pass a strong thread through its tip, and so hold it in position. With the red-hot point of *Pacquelin's thermocautère*, I then proceed to destroy all the affected tissues.

A Case of Extra Uterine Pregnancy.

BY J. B. SULLIVAN, M. D., STANTON, MICH.

On March 2 I was telephoned to come to McBride on the 5 P. M. train, in consultation with Dr. Comfort, he having been attending a Mrs. E. Bolbsby, who had been ill for the last seven days. On my arrival, I found a bright, intelligent lady, 34 years of age, mother of five children, the youngest 5 years old. She told me that some four months previous she had imagined that she gradually increased in size, and that had she not been "more than regular" (her catamenia occurring too often), she would have come to the conclusion that she was pregnant. On examination I found the abdomen some enlarged, and a little to the left of umbilicus was a tumor, hard and unyielding, rather tender to the touch, the skin surrounding that locality being somewhat inflamed. On examination per vaginam, I could not detect any signs of pregnancy. I also examined the abdomen with stethoscope for the heart sounds of the fœtus, but nothing of those sounds could I detect. On Friday, the 7th, I received another telephone to make a post mortem upon the remains of this same lady to whom I had been called, in consultation, five days before. The autopsy revealed extra uterine pregnancy, but different in character from any reported by all authors I have consulted. Albucasis informs us of fœtal bones being taken from an abscess near the umbilicus. The first on record is to be found in the *Philosoph. Trans.*, Vol. 2, page 650, by the Abbe de la Roque. It occurred in 1682. The fœtus was found in the abdominal cavity, in a quantity of blood. The fœtus in this case was found lying in about one quart of blood, just beneath the inner wall of the abdomen, about six lines below the umbilicus, and about one-half of the fœtus being on either side of the median line. Which of the three varieties of extra-uterine pregnancy does this one belong to? Is it ovarian, tubular, or interstitial? The patient had married at the age of 18 years, was always healthy, and her confinements had been after short and natural labors. About four months ago she was emptying a washtub and felt something "give way" in her left side, as she expressed it. Some weeks after she had severe pain over the whole abdomen. Hot applications gave relief. These pains returned quite often, and were treated with hot fomentations until about ten days before her death, when she had another paroxysm, which lasted several hours. Dr. Comfort was them called in and diagnosed a small tumor about the size of a hen's egg, which appeared to increase rapidly until I saw the case.

Selections.

THE DRINKS, FOOD, BATHS, EXERCISE AND CLOTHING IN BRIGHT'S DISEASE.—J. H. Salisbury, B. N. S., A. M., M. D., Cleveland Ohio, whose dietetic treatment of consumption, it is claimed, has been attended with remarkable success, has the following in the March number of the *Southern Clinic* on the treatment of Bright's disease:

1. DRINKS.—Drink one-half pint hot water, clear, weak tea, or clear, crust coffee, one hour before each meal, and on retiring. Drink a cup (eight ounces) of clear tea or coffee, of beef tea (made from beef, freed from fat and connective tissue) at each meal. When thirsty, between two hours after and one hour before the next, drink hot water, clear tea, or beef tea freed from fat or gelatine. Take no other drinks of any kind. If the hot water sickens the stomach, sprinkle in a little salt, just enough to take off the flat taste.

2. FOOD.—Eat broiled beefsteak, carefully freed from fat, connective tissue, cartilage and bone before cooking. Have it seasoned to taste with pepper and salt. For variety use the steak (broiled), which is cut through the center of a round of a lamb or mutton, broiled oysters, broiled quail, broiled grouse, broiled woodcock, broiled snipe, broiled partridge, and broiled codfish. The white of eggs may be taken raw or soft boiled. Avoid all fats as far as possible, only using salt and pepper for seasoning. Mustard, mixed up with hot water and lemon juice, or Worcestershire or Halford sauce, may be used on meats if desired. A little celery may be eaten at dinner.

Avoid pies, cakes, pickles, vinegar-sauce, soups, cheese, cream, milk, yolks of eggs, fat, sugar, crackers, bread, biscuit, beans, peas, nuts, fruits, (except the juice of the lemon), vegetables, and all other food and condiments not previously men-

tioned. This rigid diet should be kept up till all traces of albumen and casts disappear from the urine.

When these have ceased to show themselves for a couple of weeks, the patient may be allowed one part of bread, toast, or boiled rice, by bulk, to eight or ten of the beef. After continuing this departure for four weeks, without any appearance of albumen or casts in urine, the bread, toast, or boiled rice may be increased to one part, by bulk, to six parts of the meat, and a piece of butter the size of a hickory-nut allowed for seasoning.

After continuing these proportions for four weeks, if still no signs of albumen and casts show themselves, the bread, toast, or rice may be increased to one part to five of the meat, with a little increase of the butter. Continue all these proportions for one month. If no albumen or casts appear in the urine, increase the bread, toast or boiled rice to one part to four of the meat, and continue this for a month longer. If all is well at the expiration of this time, give the succeeding month, one part of bread, toast, or boiled rice, to three of the meat, with a little increase of the butter. Continue these proportions for three months, and then, if no sign of the disease shows itself, increase the bread, toast, or boiled rice to one part, by bulk, to two of the meat. Cracked wheat may now be brought in as a change from the rice. After continuing this diet for a couple of months, if all goes well, and no signs of albumen or casts appear in the urine, milk, warm from the cow, two hours after breakfast and dinner, may be taken. The patient should go out to the cow and drink the milk as soon as it comes from the teat, with all its animal life and heat. Begin with half a pint, and gradually increase till the patient is taking a pint at a time. After continuing this system of alimentation for a couple of months, if the patient continues to thrive, and is advancing gradually toward health, a little fruit may be indulged in after dinner. This indulgence, however, must be carefully controlled, and the patient not allowed over one peach, apple, orange, or bunch of grapes per day. Sugar and cream, also, may be very moderately indulged in, in tea and coffee.

This system of diet should be followed out for many months; and if no signs of the disease show themselves, it may be continued, gradually extending the diet list. It will be well, however, as a general rule, to continue to take two parts of lean meat (broiled or roasted) to one of all other food.

If at any time during the treatment, after the albumen and casts have disappeared from the urine, they begin again to show themselves, as the diet becomes more liberal, the patient should at once come squarely down to lean meat diet, as he did at the start, and proceed cautiously as before.

The patient will lose in weight during the early part of the treatment, but this need not excite anxiety; for after the first few weeds, this loss will be checked, and a gradual gain will set in.

3. Meals.—The meals should be taken at regular intervals, and it is better to eat alone, or only with those that are living on the same diet. All temptations should, as much as possible, be removed from the patient. If three meals a day are not sufficient to satisfy hunger, the patient may be allowed a nice piece of broiled steak between breakfast and dinner and between dinner and supper. These extra meals should be taken at fixed and regular intervals. If care is taken in following out this plan of diet, it will not be long before the system gets in good order, the digestion and assimilation will go on nicely, and the patient will eat largely and with great relish. You will often be assured by the patient, that there is no food so nice as a good broiled steak, and he will surprise you by eating all the way from one to two pounds at a meal. Never eat on a tired stomach. Rest one hour before and after each meal; eat slowly, and masticate the food well.

4. Baths.—Take a soap and hot-water bath twice a week for cleanliness, after which rub with a coarse towel till the skin is red. Every night or day, sponge all over with hot water, in which put a teaspoonful of aqua ammonia to the quart of water; rub in well, and afterward wipe dry.

5. Exercise.—Ride daily in an easy buggy or carriage as much as possible without fatigue. If not able to walk or ride, the body and limbs should be rubbed, kneaded and pounded all over for from ten to twenty minutes—morning, noon and night—by some one who has strength to do it thoroughly.

6. Clothing.—Wear flannel or silk next the skin, and dress comfortably warm. On retiring, change all the clothing worn during the day, so that it may be thoroughly aired for the following morning. Keep the clothing sweet and clean by changing every second or third day.

The bed should be thrown open on rising and the bedding well aired during the day, and the bed not made up till the patient wishes to retire. Good ventilation is very essential. No tonics, mineral waters, or external application should be used; the physician will give remedies which are needed.

General Remarks.—Remember that the medicines cure nothing; they simply aid in keeping the machine in good running order, while the cure is effected by the rigid alimentation—an alimentation freed as much as possible from all paralyzing and fat-forming elements. The constant and long continued fermentation of vegetable food, fruits and sweets in the stomach and bowels keeps the digestive organs all the time filled with carbonic acid gas. This, after a while, so paralyzes the cells of the surfaces with which it comes in contact, that they lose their normal selective power, and begin to take up, little by little, and more and more, carbonic acid gas, vinegar, yeast, etc., which are carried into the circulation, and thus reach every part of the organism.

The heart, liver, lungs, kidneys, spleen, and brain are among the first organs to suffer. The organs that are the first and most liable to be paralyzed are the kidneys and heart, the next the portal glands.

It is not sufficient to look to weekly or monthly exposures for the cause, but to daily and hourly. In creating either healthy or diseased habits, the either healthy or pathological acts must be regular, frequent, and long continued, in order to become confirmed states of health or established conditions of disease. We must reach the underlying causes before we can cure. We may relieve and seemingly cure, without knowing or removing causes; but such relieving and curing is not permanent. We should remember that all these states and conditions we bring upon ourselves by something we are doing daily and persistently. This wrong doing must be stopped, then we may use with advantage any means that will help to gradually bring back and establish healthy states and habits in the diseased structures.

Stammering.—Prof. Georges Delon, of Paris France, read before the Academy of Medicine, of Cincinnati, a very interesting and instructive address

on "Stammering" which is reproduced in the *Lancet and Clinic* of the 15th inst. Stammering, stuttering and the impediments of speech, he said, are a fact and all theory is important, if not to explain at least to prevent them.

It would be difficult to refer the various defects of speech to one general cause. Sometimes the defect is organic or hereditary, at other times the result of contagion, which is nothing more than a bad habit, most generally both. Among people afflicted with stammering we ordinarily notice that the vocal organs are weak and stiff, wanting in strength and suppleness. In many cases, also, the tongue is too long or to short, too thin or too thick; the teeth, the lips, and the palate cavity affect some peculiar disposition, the root of the tongue completely covering or too much disclosing the opening of the the throat. In a word, the conformation of the vocal organs is sensibly different from the normal appearance presented among persons who speak fluently. The respiratory organs are also in a bad condition and do not work regularly.

Another characteristic of a stammerer, while being a consequence and at the same time a cause of his trouble, is an extreme nervousness, and we may remark that it is not the least of the difficulties to overcome.

Another effect of that disease, which contributes to augment it, is an excessive timidity, which makes the disease both mental and organic.

It would be impossible to suppress stammering by modifying the organs of which we have spoken by means of a surgical operation. Some trials formerly made to that purpose have proved a failure, and have maimed the patient for life.

The stammerer must be able to speak with his organs just as nature has made them, since there is no possibility of changing them. The question is to teach him how to make the best possible use of them, to harmonize their functions, and it is necessary, before all, to improve the condition of those organs, to give them the strength and suppleness they need.

There is, indeed, never a person afflicted with a defect so intense that he did not succeed at times, not knowing it, in pronouncing every sound and in articulating every movement; therefore, there is no organic impossibility to utter certain articulations. The defect lies in the ignorance as to how to direct the organs, difficulty of these organs to obey the will and inaptitude to produce some sounds and movements.

Although the contrary has been said by eminent men the cure of stammering is always possible in all cases where the organs have not been mutilated nor struck with paralysis and the cure must every time be sure, but not without hard work and perseverence.

The aim of treatment is to remove the organic troubles by regulating the respiration by giving to the organs of speech, by means of rational and repeated exercise, the necessary strength and suppleness. The effects rapidly manifest themselves, and the desired results soon obtain have also an influence on the general condition of health.

The pupil must be taught the formation of sound, the value of each letter or combination of letters, the articulation of movements and the regular and natural mechanism of all the vocal organs. Afterwards, by means of gradual and progressive exercises, the patient is brought to the natural tone of conversation.

The time required to pursue these periods of exercise after Prof. Delon's method is only three weeks; in many cases the pupil is able to attend his business after 10 or 15 days.

Advice to the pupils who have followed this course:

1. We call the attention of our pupils to the fact that they must apply themselves seriously and with perseverance to practice our system, until it becomes a settled habit with them.

2. Before speaking they must be careful to take a full and quiet breath and to renew their respiration according to the sense of the phrase, and never to speak when the air is exhausted.

3. Put into practice the observations made relative to the movements of the lips and tongue.

4. Preserve a good syllabation. This is easily hidden by the intonations and inflexions of the voice.

5. Speak with assurance, watch over the emission of your words, exercise full control over yourself, and the more you feel embarrassed the more you must speak slowly, cooly and deliberately, in a word be ever on your guard and watch yourself attentively.

6. We may sum up our system in three words: Respiration, syllabation and tranquility. These include everything and they are equally indispensable.

7. Take advantage of all opportunities to speak slowly, as for instance when you are with your family or friends.

Prof. Delon does not believe in the possibility of self-cure, although he has met with some cases where, in the course of time, after maturity, the impediment decreased. The intelligent and enlightened direction of a professor is indispensable.

It is for the professor a work of patience, of devoted attention, which necessitates most peculiar care. The instructor must also act on the morals of the patient, succeed in receiving his complete confidence, and succeed in suppressing at the same time the material defect and the trouble arising partly from his timidity and peculiarities of temper to which persons afflicted with stammering are too often inclined.

Of course complete success depends, in a good measure, on the patient himself. Average intelligence alone is sufficient; but the greatest attention, the most constant care, good will, energy and perseverance are necessary to obtain a brilliant result.

The pupil must be prudent and patient, above all in the beginning, in order to forget his bad habit of speaking and to have him to acquire the new one. He must never lose sight of his aim to improve his speech, perfect his cure.

In short, to cure stammering is to teach the science of speech. We teach the pupil how to speak in the most natural way, without effort to gain absolute control over his organs, to become completely master of himself. The cure being once effected, the temper and social habits of the patient are advantageously modified. The stammerer once cured becomes quite a new man.

For a child under 10 years it is very easy to rectify and improve the organs, and it is only a work of patience. At the age of 15 the defect has not become deep rooted and the cure is still easily effected; but after that age the cure is more difficult, the disease more serious, and it is only with a man of fully developed intellect, that is to say after the age of 25, and the decrease of the nervousness characteristic of younger people, that we find great assistance in effecting a cure. If parents would give more attention to the defects of the young child beginning to stammer, if instead of laughing or becoming

angry, they knew something about treating their child and teach him to speak and overcome the growing defect, if above all, parents were never to let any nervous child associate with any stammerer, or hear him speak, stammering would disappear.

PARTIAL RESECTION OF THE LUNGS.—Abdominal surgery is every day achieving fresh successes, and while ovariotomy remains, and probably will remain, its greatest triumph, the later successes have been neither few nor small. So recently as the close of 1879, Professor Nussbaum, of Munich, said in a public lecture, "So soon as the physician diagnoses with certainty a cancer of the pylorus, the surgeon will allow but little time to pass before he excises the cancerous growth." The words seem almost prophetic, for within a year and a half we have from Dr. Wölfler an account of several such operations, some of them successful, performed in the clinic of Professor Billroth. The operation is now recognized, the cases suitable for it described, and the method of performance fully detailed. With regard to abdominal surgery generally, we may say that operations which a very few years since would have been scouted as utterly beyond the pale of rational and justifiable surgery, have been performed with a success which more than justifies the boldness of the operators. The question very naturally suggests itself, how far the thoracic organs lie outside the domain of surgery. The successful treatment by free incision and drainage of pleuritic and pericarditic effusions, whether serous or purulent, is the last advance in this direction; but in the localised catarrhal pneumonia, the phthisical cavity, and the limited pulmonary tumor, there seems to be a field for further advance, although it is admittedly beset with difficulties of diagnosis for the physician, of technique for the surgeon. As a contribution to the subject, Dr. Schmid, of Berlin, details (*Berliner Klin. Wochenschrift*, Nr. 51, 1881) the result of certain experiments he has performed on the dog. These results are put forward in the most modest possible manner, with full knowledge of what they do and what they do not prove. The operation performed by Dr. Schmid consisted in the resection of apex of the lung on one side. On the day before the operation one side of the dog's chest was shaved and thoroughly cleaned, and the animal was operated upon while under the influence of morphia and ether. A portion of the fourth or fifth rib was excised subperiosteally, the portion being made as large and as far from the sternum as possible. A lobe of the lung was now drawn through the opening, or as much of it as possible. This was transfixed with a double catgut thread below the part to be excised, and a part of the lung including the wedge to be excised was then ligatured. The wedge was excised with scissors, all the larger bloodvessels and bronchi ligatured, and the edges of the lung brought together with catgut sutures. The double catgut ligature round the base of the lobe was now removed, and after seeing that no hæmorrhage occurred, the part was returned into the thorax and the external wound closed. Almost no antiseptic precautions were adopted throughout, with the exception of disinfection of instruments, sponges, etc., with salicylic acid. The operation was performed eight times in all, and succeeded in three cases, while in five death occurred. The first dog operated on died within half an hour from carbolic acid poisoning, the spray having been used; while the other four died within two to five days from purulent pleurisy, evidently the result of septic infection. There was no hæmorrhage or gangrene in these cases, and in only two was there a slight local pneumonia. Several of the animals had subcutaneous emphysema. In no case was there loss of blood from the lungs. Two of the successful operations were on the same animal. Dr. Schmid has performed the same operation, post-mortem, on the healthy and the phthisical human lung. He finds the great difficulty lies in getting the lung drawn through the opening, more especially when there are extensive adhesions. The operation, he believes, however, is perfectly practicable, and with the choice of suitable cases, and the use of all antiseptic precautions, he considers that the operation is one that justifiably be attempted on the human body. The results of incision and drainage of phthisical cavities have not not as yet proved very encouraging, but it must be admitted that the procedure has not yet had a fair trial. Any advance in the treatment of this terrible malady, before which, in the great majority cases we stand so hopeless and helpless, will be welcomed by us all. Whether such an advance is possible can be determined only by the skilful diagnosis of the physician, the bold and careful operating of the surgeon.—*Med. Times and Gazette.*

NITRO-GLYCERINE IN THE TREATMENT OF HEART DISEASE.—I propose to bring before you certain results obtained by me in the treatment of heart disease with a sonewhat recent remedy, viz., nitroglycerine. Thie is a most potent remedy, and I believe I am not overstating its merits when I say that it deserves to rank only second to digitalis in the treatment of diseases of the heart.

The action of the drug, which was first noticed by Field, of Brighton, has been experimented upon by various observers, chief among whom may be mentioned Hering, Demme, Alders, Onsum, Brady, Pelika, Thorowgood, Eulenberg, and Weber. In 1876 Dr. Lauder Brunton wrote a valuable paper in the St. Bartholomew's Hospital Reports, detailing its peculiar physiological action upon animals, as tested in the pharmacological laboratory of that hospital. It is to Dr. William Murrell, however, that the medical profession is chiefly indebted for introducing it as being of great value in the treatment of certain diseases. From a consideration of the physiological action of this substance, and especially from the similarity existing between its general action and that of nitrite of amyl, as set forth by Dr. L. Brunton, Dr. Murrell was led to infer that it would probably be of service in the treatment of angina pectoris, and his result may be seen by a reference to his valuable paper in the *Lancet* of the early part of the year 1879.

I will briefly detail its mode of action and the preparation usually employed.

The solution is the form most usually used, and this a 1 per cent. solution in spirits of wine. One minim is the usual dose to commence with, but in some cases even less may be given with advantage. It can either be taken in water, or one drop may be placed upon the tongue. The solution is almost tasteless, but within three minutes of being taken it begins to exert its peculiar physiological properties. It paralyzes the vaso-motor nerve, and so dilates the blood-vessels; the face flushes, the temples throb, the pulse becomes dicrotic and much quickened; in some cases the head aches most violently, but in others only a sense of fullness and pain across the head is experienced, which lessens with each recurring dose, until ultimately no unpleasant effect, but

simply a warming sensation all over the body is produced.

A feeling of nausea, or even sickness, is often caused by the earlier doses. The quantity may be gradually increased until 15 or 20 minims every four hours are given, but I have never found it necessary to administer such heroic doses. It is never wise to give more than one minim at first, for even this small quantity has produced most serious symptoms in certain individuals. The patient has fainted, and has become almost collapsed, but I am not aware that it has ever been followed by a fatal result. I have never myself seen these alarming symptoms, but in two cases have found unpleasant symptoms to succeed a first dose, both cases occurring in hysterical women. The medicine, in one case, was taken without my being consulted (the patient having seen it produce good effects in her father's case); to the other, I prescribed it for certain nervous symptoms, but, at that time, not having had so much experience in its use, I did not like to presevere. The physiological effect of nitro-glycerine is not so rapidly produced as is that of nitrite of amyl, but it continues from 4 to 6 or even 8 hours, after which time it is often advisable to repeat it.

I have never found it produce unpleasant effects in any case where its use was plainly indicated, and each day's experience more plainly shows the cases likely to be benefited by it.

While useful in almost all cases of heart disease, I believe those in which it will be found of the greatest benefit are, first, angina pectoris, and second, weak, dilated, and fatty heart. In angina it prevents an attack by keeping the blood-vessels in a constantly dilated condition, and thus prevents the backward pressure of blood upon the heart, which is probably the cause of the agonizing pain of angina.

In weak, dilated hearts it gives relief by reducing arterial tension, and thus lessening the amount of work the heart has to do, The heart, consequently, gains in power by the rest so given to it. As a rule, digitalis does not agree in these cases; but, if thought necessary, it may be given with increased advantage in conjunction with this drug. In several cases of dilated heart, with small, weak, quick pulse, I have seen the beats not only increased in power, but much reduced in frequency. after taking nitro-glycerine for a few days, thus plainly showing that the heart had been relieved of much of its embarassment, and as a consequence had gained in power. I have used this drug largely during more than two years, and each week my appreciation of its value as a remedy for this class of cases increases. There are numerous other affections in which it will prove of value, but such do dot come within the scope of my present paper. Bearing in mind its physiological action, it will be easy for you to select the cases in which its use is indicated. (The author relates here half a dozen remarkable cases, and adds:) I could relate numerous other cases showing the value of this remedy in heart disease. The cases cited, however, are sufficient to prove that in this new agent we have a very powerful measures in diseases of the heart. It is a remedy, moreover, which is not palliative, but in many eases actually curative, and I think I may lay claim to have discovered its application to a much larger and more common class of cases than those originally laid down by its introducer, Dr. Murrell. —Dr W. E. Green in *The Practitioner—Chicago Medical Journal and Examiner.*

Plastic Splints in Surgery.—The different materials for the immovable dressings are also of considerable number. For instance, there are starch, dextrine, chalk and gum, glue, glue and oxide of zinc, paper, silica, tripolith and plaster of Paris.

It is to be borne in mind, when applying any of these different forms of immovable dressings to fractures, that extension and counter-extension, sufficient to keep the fragments in place, must be continued, not only while the plastic material is being applied, but until it has become sufficiently hardened to maintain them in place, the length of time varying with the different substances.

Starch.—The starch bandages were introduced in 1834, by Baron Seutin, of Belgium. The starch is prepared for use by boiling in water a few minutes, and should be of the consistency of that used by laundresses. The whole limb is enveloped in a layer of cotton wadding, which is thickly laid along and over, the osseous prominences. A bandage, saturated with thick starch, is then firmly applied, and others added, according to the strength required. The whole is completed by starching the outside of the last bandage. Until the starch is thoroughly dried, which usually takes from thirty to forty hours, owing to the amount of moisture necessarily included, a temporary wooden splint may be applied to prevent displacement as far as possible. The drying may be somewhat hastened by the use of hot sandbags. The starch splint is light and inexpensive, and the materials are always at hand. It is however, sticky in manipulation, and. to give sufficient firmness, usually requires stiffness, such as pasteboard, hoop-iron or wire. These may be added to any of the plastic splints, but are seldom required with plaster, and only when much additional strength is necessary.

Compared with the plaster splint, starch has the disadvantage of hardening only after many hours, instead of a few minutes, and requiring extension until dry. And, as it contracts in drying, it is not so safe.

Dextrine.—Dextrine, which is preferred to starch by Velpeau, and which is in many respects superior to it, is a substance obtained by the continued action of diluted sulphuric acid upon starch at the boiling point. It is prepared by thoroughly mixing with it spirits of camphor or brandy, in the proportion of ten to six. and adding four parts of warm water, when the solution will be about the consistency of molafses The application is similar to that of starch.

Glue and Chalk.—The glue and chalk bandage is recommended by Bryant, who uses equal parts of gum-arabic and precipitated chalk, made into the consistency of thick paste by the addition of boiling water gradually stirred into it. This becomes firm sooner than starch and is more solid.

Glue.—The glue bandage has been adopted by Mr. C. de Morgan, in the Middlesex Hospital. He uses the best French glue dissolved in water, to which alcohol is added to induce more rapid drying. The application is similar to that of the starch bandage.

Glue and oxide of zinc.—Dr. R. J. Levis, of Philadelphia, introduced to the American Medical Association, in 1876, a dressing made of ordinary glue and oxide of zinc, and said that the glue, by this means, hardens with rapidity. "Too much oxide of zinc must not be added lest it make the spiint brittle and liable to crack." Any kind of texture can be used with the plastic material. This makes a light, neat, firm dressing, and where not much tendency to displacement exists, as in fractures of the forearm, is desirable. It sets slowly, however,

as compared with plaster, is less porous, and contracts considerably is drying.

Poper.—Paper splints also serve a useful purpose. They are made by soaking pieces of shaped pasteboard and moulding them to the limb, around whichare wrapped strips of stout paper, wet with water or with starch. It is less strong than the glue and oxide of zinc bandage, is slow in drying and only exceptionally to be recommended.

Silica.—The silica bandage is made of the silicate of potash, or soda, dissolved in an excess of caustic alkali. The late Dr. T. B. Curtis, of Boston, reported in the *Boston Medical and Surgical Journal* for June 28, 1877, that the silicate of potash is preferable to the soda salt, which requires very long to dry. A coating of the solution is applied with a brush to a dry roller bandage over the limb, and two or three more layers are added to give sufficient strength. The solubility of the silicate in water is an advantage, for it renders the removal of the bandage easy. It dries quicker than starch, but less quicker than plaster. It is lighter than plaster, but contracts in drying and not so safe. It is also very sticky and disagreeable to manipulate.—Dr. S. N. Nelson, in *Annals of Anatomy and Surgery.*

The Pathology of Pneumonia.—Pathologists have long been struck with the points of close analogy between croupous pneumonia and acute specific diseases, and especially with the resemblances between its clinical history and that of erysipelas. The dependence of the latter disease on a microscopic organism was demonstrated by v. Recklinghausen and Lukomsky, and has been corroborated by many subsequent observers, especially by Koch. Several investigators have endeavored to find, in cases of acute pneumonia, a similar pathogenic organism. Klebs discovered spherical monads in the contents of the bronchial tubes and in the fluid of the cerebral ventricles; Eberth has described ellipsoidal micrococci in the infiltrated lung and inflamed pleura and pia mater in a case of pneumonia complicated with meningitis; while Koch observed similar organisms in the lungs and kidneys in a case of pneumonia following relapsing fever. The most recent investigagations on this point have been carried on by Friedländer, of Berlin, who has discovered organisms in every one of eight cases which he has carefully investigated. The search was made in the fibrinous effusion in the bronchial tubes, and in sections of the lung tissue and inflamed pleura, hardened in alcohol. The mico-organisms found were almost constantly of similar size and form, ellipsoidal micrococci, a micro-millimetre in length and one-third less in breadth. Spherical organisms were also seen, some apparently really such, others evidently the oval bodies viewed endways. They were uniform in substance, slightly refracting, and colored deeply by the aniline reagents. Their usual arrangement was in pairs, but in some cases they formed long chains, and in the bronchial exudation they were spread out in a film. An aggregation in colonies was seen only in the interior of the lymphatic vessels. Their abundance within the alveoli was remarkable; thousands were counted within a single air-cell in the stage of red hepatisation. As a rule they could not be seen within the walls of the alveoli, bronchi, or vessels, but in one case numbers were observed in the lymph-spaces of the interstitial connective tissue, which was œdematous, and in the lymphatic vessels, which presented swelling of the endothelium, within the cells of which the organisms were also seen. This lymphatic infiltration has, Friedländer believes, a special significance. The micrococci in the bronchial exudation may possibly be connected merely with changes in the necrotic material, but this explanation can scarcely hold good of their presence in the fibrinous contents of the alveoli; since the lymphatic changes, in the case alluded to demonstrate that the micrococci may pass into the current of the circulation, and develop into the living tissues. The changed lymphatics were actually visible to the naked eye as white threads. Although the alteration was found in one case only, this was a typical example of the so-called croupous pneumonia. Moreover, the organisms were found in the tissues of the inflamed pleura in almost every case; abundantly in the œdematous tissue of old adhesions, and their presence here has the same significance as the lymphatic infiltration. Are these organisms the cause of the pneumonia? To this question, Friedländer observes, anatomical investigation cannot alone give a certain answer. The theory is favored by the above-mentioned consideration and the analogy between pneumonia and some other acute infectious diseases. Its frequent occurrence as a result of exposure to cold constitutes, however, a difficulty in accepting this theory of its causation, which is scarcely lessened by an hypothesis advanced by Friedländer, that the organisms may undergo certain stages of its development at a low temperature. It would seem more probable that blood changes induced by cold may set up local inflammation, in which the organism finds conditions favorable for its development, and that its presence may thus be a secondary and not a primary, element in the pathology of the disease.—*Lancet.*

Case of Croup Treated by Passing Catheters into the Trachea by the Mouth.—Dr. J. W. Paton (*British Medical Journal*), in reporting a case in which catheters passed into the trachea by the mouth obviated the necessity for tracheotomy, calls attention to this method as useful in the treatment of children suffering from croup. The patient upon whom this method was tried was a little child nearly four years, of age, who, when first seen, was suffering from intense dyspnœa, quite unable to speak, and his lips of a dark livid color. His cough was brassy and without expectoration. The respirations were 35 per minute, the cartilages of the ribs and sternum being drawn in at every effort to breathe, and crepitation existing over both lungs. The fauces were healthy. The pulse was 144, very weak. A No. 11 prostatic catheter was passed during an attempted inspiration, and without the slightest difficulty. A severe struggle followed, lasting perhaps a minute or two, the face becoming purple and the eyes staring, with fully-dilated pupils. After a few moments the breathing became easier, considerable frothy, bloody, and purulent mucus having been ejected. The presence of the tube did not prevent his swallowing milk, though sometimes a little was ejected from it during a cough. The tube was retained in place by a strip of adhesive plaster, and the teeth were prevented from closing on it by means of a pear-shaped piece of wood. Six hours after, he was much easier, and could say "yes" and "no" distinctly. The character of the cough continued, and was not altered by the presence of the tube. After it had been in eleven hours, the tube was removed; but shortly after its removal the obstruction reappeared, and a No. 12 gum catheter was then inserted, with good results. After forty-eight hours the tube was removed, and the child made a good recovery.—*Canada Medical Record.*

Iodoform Poisoning.—Of late numerous instances of serious and fatal intoxication after the free use of iodoform in the treatment of flesh wounds have been reported. Mukulicz observed a fatal result after the employment of 40 grammes of the powdered drug. Schede believes that many individuals exhibit an idiosyncrasy in this respect, which is the more dangerous, as the symptoms of poisoning often develop with great intensity without any premonitory signs, and cannot be arrested by the prompt removal of the agent from the wound. Schede thus tabulates his experience:

1 Slight deviations from the normal conditions occur very frequently under the guise of a marked elevation of temperature, shortly after the applica- of iodoform; subjective sensations do not accompany this febrile rise.

2. In another series of cases, whether fever be present or not, whether the wounds are small or large, recent or old, the patients are depressed, are inclined to silence, or are easily led to weep, complain of headache, loss of appetite, or of a taste of iodoform in whatever is eaten. The pulse is usually accelerated, and is small, soft, and compressible. These symptoms may develop after the employment of iodoform gelatine sticks, but rapidly disappear after the removal of the cause.

3. Associated with a continued or transient elevation of temperature, the pulse becomes very frequent, as high as 150 to 180 in the minute, both in children and adults; at the same time the patients may feel comparatively well; the are restless, perhaps suffer from a vague sense of discomfort or loss of appetite; this condition may occur after the iodoform dressing had been well borne for several weeks, and demands the immediate removal of every trace of iodoform from the wound, otherwise there is imminent danger of the supervention of alarming symptoms.

4. With enormous frequency of the pulse there is a corresponding elevation of temperature, which signs, combined with clearness of the mental faculties, a moist red tongue, a septic condition of the wound, and the total absence of positive changes on post mortem, distinguish this state from septicæmia. Schede met with an instance of the above; the patient was a robust young man in whom a suppurating bubo of the groin following gonorrhœa had been extirpated, and the wound dressed with iodoform by some physician; the removal of the dressings was of no avail, the patient dying a week later.

5. In other cases, after exhausting operations, but where the pulse has remained strong, the plugging of the wound with iodoform is followed by rapid and fatal collapse.

6. In other cases cerebral manifestations occur. In children these are liable to simulate an acute meningitis, yet on post mortem examination the organs are found in an apparently healthy condition. In adults obscure cerebral disturbances may progres to a fatal termination, or may assume the guise of acute, or a severe type of melancholia, with suicidal tendencies. According to Schede, no large fresh wounds should be treated with iodoform. Granulating wounds are more exempt from danger. Sticks of iodoformized gelatine are comparatively innocuous.—*Centralblatt für Chirurgie—Medical Record.*

The Action of Calomel on Fermentation and on the Life of Micro-Organisms.—A paper with this heading appears in the last number of Hoppe-Seyler's *Zeitschrift für Physiologische Chemie*, by N. P. Wassilieff, who, after noting the high estimation in which calomel has been always held in the disordered conditions of the bowels, especially in children, points out the absence of any experiments to show or explain the cause of its influence, with one or two exceptions. Voit, indeed, as long ago as 1857, observed that albumen and blood mingled with calomel were capable of being kept for days without any indication of putrefaction, and Hoppe-Seyler made some similar observations; but besides these, few, if any, researches have been made on its action. In M. Wassilieff's experiments, calomel was added to the fluid obtained by acting on albumen with gastric juice, and to that obtained by acting on albumen with pancreatic juice; and he satisfied himself that the albumen-digesting ferment of both these fluids was not damaged by calomel—peptones in the one instance, and leucin and tyrosin in the other, appearing as usual,—but that the presence of this substance prevented the formation of the secondary products, such as indol and phenol. Neither hydrogen nor hydrogen sulphide formed in the fluids containing alcohol, whilst they were abundantly produced in the others. In like manner, the author experimented on the effects of calomel on the fat-digesting and the amylolytic ferments of the pancreas, and found that it had no modifying influence upon them, but that it arrested the changes which followed their completion, entirely preventing, for example, the butyric acid fermentation and putrefactive processes. He hence arrives at the conclusion that calomel acts differently on the formed or organized and the uniformed or unorganized ferments, permitting the action of the former to proceed unchecked, but completely preventing the action of the latter.

Baths for the Newly-Born.—Dr. F. Winckel, of Dresden, (*Centralb. f. Gynäkol*, January 7, 1882), makes the novel suggestion of keeping certain newly-born children permanently in warm water. This he considers more useful than rolling them in cotton-wool, applying warm bottles, and keeping them in warm rooms. The following abnormal conditions are mentioned as being suitable for the pernanent bath:

1. Children born between the 28th and 36th weeks.
2. Children born asphyxiated and weak from flooding during labor, or who have accidently lost blood from the stump of the cord.
3. Where there is disease or fretting of the skin.
4. In emaciation, to prevent bed sores. The author has employed this treatment successfully in cases such as those above mentioned, and gives details of temperatures and results.—*Glasgow Medical Journal.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Homœopathic Question.

There are probably few men who realize more keenly than do the editors of medical journals the fact of the complexity of thought in this world. As no two instruments have precisely the same timbre, so are no two minds perfectly alike. On this difference ensues a variability of receptivity and probably no idea strikes any two men precisely alike. As a rule, however, this difference of receptivity is so slight as to cause but slight discord, and men move about among each other and volunteer opinions one to another without occasioning much irritation. It is only occasionally that men get by the ears on matters of opinion and fortunately it is only occasionally that motives are impugned, or expressions are distorted when one essays to express an opinion on questions of the day.

We are led into this line of thought from a somewhat personal consideration, and by several (and we are happy to say they are but few) communications received anent recent utterances in these columns on the subject of homœopathy. We are sorry to learn that our views on this question are susceptible of any twisting which would place them even remotely in antagonism to the best interests of scientific medicine. We regret that it seems necessary to assure even two or three of our readers, that as long as this journal remains under its present management it will never be found advocating tolerance for homœopathy as a dogma. On the other hand, it will never be found denying to the regular practitioner the right to prescribe a drug, in any given case, under the belief that it may so modify the excitability of a tissue as to render it less susceptible to the morbific influence commonly known as disease. It is the general prerogative of the scientific practitioner to obey the dictates of his reason and to have the courage of his convictions, regardless of appearances, and regardless, too, of the cavilling of captious critics. It is the privilege and the duty of the regular physician to be truly eclectic, and he is not to be deterred in his use of a remedy by the fact that such remedy may stand high in the esteem of one of the so called schools of "irregular" practitioners.

The following quotation from an editorial in the April number of the *Chicago Medical Journal and Examiner*, of which Dr. N. S. Davis is senior editor, gives so concisely the position of the NEWS on this question that we reproduce it at length:

"Legitimate medicine is inherently and necessarily liberal, neither knowing nor recognizing creeds, sects or isms. Her field is as broad as the domain of human knowledge and the existence of human suffering; and whoever chooses to enter that field under the simple title of doctor of medicine enjoys the most perfect liberty of thought and action. He selects his remedies from any source he pleases, applies them in accordance with any principle his own judgment approves, and in any dose which he thinks best calculated to benefit his patients. Consequently he is in a condition to meet and consult with all who are pursuing the same calling on the same broad platform. But when a man adopts a special and exclusive principle or dogma for his guidance, whether it be the law of similars or of attenuations, or a particular remedy or class of remedies for the cure of all diseases, he becomes of necessity exclusive and illiberal. By adopting his special dogma, and a distinctive name in accordance therewith, he at once voluntarily severs himself from the great body of medical practitioners, and literally notifies all the world, by the title he assumes, that his practice is regulated by the exclusive dogma indicated in such title. He cannot be liberal enough to meet other physicians on the open field of therapeutic inquiry, without belieing his title and placing himself in the attitude of a dissembler or hypocrite. The distinctive title he assumes must either express his honest convictions concerning the proper method of practice, or it becomes a standing lie to the public.

But the man who assumes a distinctive name indicating his adherence to a special system or dogma, not only voluntarily severs himself from the great body of practitioners, but he necessarily places himself in antagonism to that body, and gives his whole influence to the creation and maintenance of a sect or party which serves to distract public attention, create false impressions concerning the nature of the profession, and to interfere with all proper and just legislation on medical and sanitary interests. In other words, when a man adopts an exclusive dogma and a name indicating it to the public, he voluntarily fences himself within a narrow enclosure of his own construction; and neither the interests of humanity, the cause of true science, nor the honor of the profession require any physician to climb over, creep through, or crawl under the fence he has thus erected, to consult with him for any purpose whatever. * * * * If the followers of exclusive dogmas or their patrons wish for consultation, let them drop their distinctive names, come out of their self-constructed narrow pen, and take their place on the common platform of medical science simply as doctors of medicine and honorable men. Until they do this, no physician can meet or consult with them at the bedside, without compromising his own self-respect, and inflicting a positive injury on the cause of true science and humanity."

Amygdalotomy and Suicide.

Amygdalotomy, it may be necessary to explain to those who may not have a medical dictionary at hand, is a somewhat pedantic synonym for tonsillotomy. Our readers may recall the discussion in these columns some months ago anent the effect of tonsillotomy performed in early life on virility in maturer years. A prominent eastern surgeon gave it as his opinion that excision of the tonsils at that age impaired, if it did not positively destroy, procreative power in the adult. Statistics bearing on this phase of the matter, are, of course, very difficult to secure, and discussion consequently unprofitable. The fact, however, that a connection of this nature has been suggested, may prompt observation, the deductions from which may be of future value. In the meantime, a recent notice in the *Medical Times and Gazette* is of of interest, as indicating an influence of the tonsils on the nervous system, which has probably not been generally suspected. Dr. Rubio reports four cases of suicide in persons subsequent to amygdalotomy. The explanation offered of the connection between these two, is "that pharygeal reflex diseases possess features to some extent similar to those present in persons suffering from fissure of the anus. Just on the same principle as the sufferings of these latter patients induce a state of terror and mental depression bordering on hypochondriasis, so also a fissure of the pillars of the pharynx, caused by the nipping of a portion of the same during excision of the tonsils, inducing thereby a state of constant irritation of the unhealed pharyngeal fissure, kept up by the act of deglutition and the contact of solid and liquid food, may influence the reflex action on the brain sufficiently to lead to perversion of the affected faculties, despondence or anger, and, ultimately, to self-destruction."

This is offered as an explanation of an alleged fact. There are probably some who will consider it as far from satisfactory. The main thing to be definitely settled, however, is whether tonsillotomy is ever actually followed by the mental depression reported. Dr. Rubio's cases certainly point to the possibility of it being so.

Bacillus Tuberculosis.

Recently reported observations of Dr. Koch before the Berlin Physiological Society, on which that gentleman has constructed the theory that tubercle is due to the entrance into the lung of a specific parasite, has naturally excited no little interest in medical circles. The bacillus is described as a very minute, rod-shaped body, measuring in its greatest diameter from one-fourth to one-half the diameter of the red blood corpuscle. Dr. Koch claims to have separated the parasite and to have cultivated it after the manner of Pasteur and Klebs, and Tommassi-Crudelli. He also reports cases in which he induced tuberculoses in animals by the injection of bacilli thus propagated.

Although these observations and the claims based on them by Dr. Koch have been severely questioned by some of his German cotemporarics, it is but just to say that they are favorably regarded by others. In England Tyndall has added his weight to the side of Koch and is alive to the great importance of the discovery. In order, however, to place the validity of the claims, as far as they affect man, beyond question they will require to be verified on the human being. It will only be necessary to recall Pasteur's experiments and the hopes which that scientist based on them, to convince the most skeptical that there may be in Koch's theory a truth which fully developed will redound to the honor of science and to the weal of humanity. Future developments in this direction will be awaited with great interest.

Miscellany.

Michigan State Board of Health.

The regular quarterly meeting of this board was held at Greenville, Mich., on April 11, 1882, in connection with sanitary convention held at the same time and place. The following members were present: Rev. D. C. Jacokes, of Pontiac; J. H. Kellogg, M. D., of Battle Creek; Arthur Hazlewood, M. D., of Grand Rapids; Jno. Avery, M. D., of Greenville; and Henry B. Baker, M. D., of Lansing, secretary.

William Oldright, M. D., chairman, and J. J. Cassiday, M. D., member of the newly appointed Provincial Board of Health of Ontario, were present, and were invited to take seats in the meeting. In the absence of the president of the board, Dr. Jacokes presided.

The secretary presented the subject of inspection of immigrants, and stated that the National Board of Health had granted the request of this board for an inspection service at Port Huron, and the system would go into effect on May 1, at which time the whole system, by coöperation of the several state boards of health, would go into effect. He suggested that the health authorities of Toledo and Cleveland be invited to join in this movement. He stated that at the meeting of the Sanitary Council of the Mississippi Valley, at Cairo, Ill., April 19, this subject would be considered, and that it was desirable that this board be represented at that meeting. By vote of the board, Dr. Baker was requested to represent the board at that meeting.

Dr. Oldright spoke of the inspection of immigrants at Toronto, and of the importance of notification to other boards of danger to be feared from immigrants. He also said any movement made by this board would meet with hearty coöperation by the Ontario board. He said the work done by this board for the restriction of scarlet fever and diphtheria, was fully as important as that for the restriction of small-pox.

The following motion was carried:

That the secretary be instructed to correspond with the health authorities of the Dominion of Canada, and the several provinces thereof, and of provincial and municipal boards of health where they exist, asking their coöperation in the proposed immigrant inspection service.

Dr. Hazlewood read a proposed document, giving best household antidotes to be used in case of poisoning, while waiting for a physician, or when one is not to be had. It was accepted, and the committee authorized to modify it before publication in the annual report.

Dr. Hazlewood, committee on poisons, etc., presented a letter from Dr. Gordon, of Swartz Creek, relative to lead-poisoning by use of a feeding-bottle (which was exhibited to the board), in which the sinker keeping the supply pipe in the milk was of lead, and so arranged that all the milk had to pass over it before entering the infant's mouth.

The secretary was requested to notify the manufacturer of the pernicious character of the bottle, and the report was accepted and ordered published in the annual report.

Circular 35, revised, relating to the duties of health officers, was presented, adopted, and 20,000 copies ordered printed.

Dr. Kellogg, as special committee to prepare a circular on criminal abortion, made a report and read a proposed circular. The report was accepted, the committee continued, and the subject of issuing the circular laid over.

Dr. Kellogg was requested to represent the board at the meeting of the American Medical Association at St. Paul.

The next meeting of the board will be on Tuesday, July 11, 1882.

AMBIDEXTER.—*Annals of Anatomy and Surgery:* There is a prevalent opinion among the laity that the surgeon should possess equal skill in both hands. From the etymology of the word,[1] that to the surgeon was assigned the department of the healing art requiring skilled handwork, it was but a single step to the opinion already expressed that, he who would attain the highest excellence must possess it equally in both hands. Nor is it difficult to understand that a department of medicine, which could lay no higher claims to merit than manual dexterity, should find its followers chiefly among the ignorant, and that a merited contempt for its shallow pretentions should exist in the minds of all true students of medicine. That such has indeed been, and, to some extent, still remains the case, is too well known to require proof, and it is a tacit acknowledgment that surgery no longer rests her claims upon trickery and deception, that she is received in the front rank among the learned professions. That, however, which gave to surgery its name is no longer supreme, for, towering above it, and, in a measure, overshadowing it, are the glorious attainments upon which modern surgery rests her claims; and there is now some little danger lest a department certainly of great importance, though merely mechanical, should not receive the attention it so much deserves.

In regard to the attainment of the skill that is expressed in the heading, no one certainly can urge its necessity or importance. The operations are indeed few, and the instances extremely rare, in which, by a change of position, the right hand may not be employed to best advantage. Beside the skill of the right hand as principal is equalled by the skill of the left hand as assistant. Few indeed realize this! Few indeed know the consummate skill and tact that the left hand possesses as an assistant; and it may be said, with fairness and much truth, that he who would turn aside to train his left hand for the more important work would consume valuable time without prospect of commensurate returns. There are, however, circumstances in which a trained left hand can be used to great advantage, as the following examples will show:

I was assisting a surgeon in a case of vesico-vaginal fistula The rent was high up, but uncomplicated. Seizing the left lip of the rent with the forceps in his left hand, he made one continuous incision freshening the entire side. Then changing hands, he attempted to complete the operation in the most convenient way, but the hands had no skill, and he was obliged to replace the knife in the right hand and take the forceps in the left, and then, by crossing his wrists and greatly obscuring his view, he successfully completed the operation. This occurred in the service of a surgeon who had taught anatomy and operative surgery for a third of a life time. Soon after this, on a similar occasion, a surgeon of ten years' experience was holding a patient's leg with his right hand, when it became necessary for some one to cut a ligature. Seizing the scissors in his unoccupied left hand, he attempted to cut the thread and failed, and was compelled to change his arms to accomplish even so trifling a work as this. With these two failures before me as a text, I shall offer a few suggestions upon the education of the left hand. Those for whom I write are not the busy and experienced, but those who are just entering upon their labors, and who must spend years as assistants before they will be burdened with the responsibilities they now so much covet.

These, then, I wish to ask the single question, "How have you reached the degrees of manual dexterity you now possess?" To answer this, a third of a life time must be reviewed. The first lessons of the nursery were to put the right hand foremost, and, from earliest childhood to opening manhood, the sports and avocations all called the right hand to the front. The toys, the hoop, the bat, the pen, pencil, blackboard, the drawing lesson, have all contributed to the strength and brecision, as well as the delicacy and refinement of the right hand, so that whenever new work was undertaken the previous training made its mastery easy and speedy.

Were the training of the right hand solely to be

1 Originally, Chirurgeon from χειρ, hand and ἐργος, work.

accomplished upon the cadaver, or in operating, I would not say a word, but such is not the case. The right hand is a master-workman before the scalpel is ever taken in hand, and he who cares to train his left hand can do it at odd spells, when nothing else presents itself. If one will review the duties of a single day he will see how habit has placed the right hand foremost, even in the most trifling things, and always even in the most trifling thing compelled the left to stand back until wanted. In washing, combing the hair, dressing, etc., the right hand must do the work. Who has not been obliged to get assistance in dressing when a finger or thumb of the right hand has become disabled? Does a pencil require sharpening? We open the knife with the right hand and sharpen the pencil with the right hand. Is a nail to be drawn? a board to be sawn? a stick to be split? a button to be sewn? The work is consigned to the right hand. This is the school in which the right hand learns its skill and boldness; and in this school—a school that makes no charge for tuition, requires no expense of time, no unusual opportunities—the left hand can be put in training. A pine stick will serve to whittle, and, simple as this may seem, it will not be unattended with awkwardness in the first attempt. Upon a plain pine board let one attempt to carve his name, and he will see the lack of confidence with which he holds his knife, the uncertainty and waywardness of his strokes. Let him attempt to saw, and he will be surprised that even this is not an accomplishment to be despised, and his surprise will not end with the awkwardness of his left hand when he makes it principal. His right hand is just as awkward as an assistant. No one in sharpening a lead pencil ever thinks of the degree of assistance rendered in the work by the left hand; and this he will not understand or appreciate until he attempts to sharpen one with his left hand and sees how awkward his right hand is as an assistant.

In the use of the scissors the first attempt usually is a failure. The importance of success is not deemed worth a second attempt. How maay are acquainted with the mechanical fact that all scissors are made right-handed, and that a corresponding motion of the left hand will unfit the best pair of scissors for work. In the customary use of scissors we, by force of habit that has become second nature, so use them as to tighten the rivet, which brings the cutting edges as near as possible into line. In other words, we push with the thumb and draw with the fingers when we use the scissors in the right hand. In the use of the left hand we instinctively employ the same manœuvre, but not with like success, for the scissors are right-handed, and to use them in the left hand the thumb must draw and the fingers push. Hardly a day goes by in which the scissors, lying on one's table, are not brought into requisition; and he who will cut scraps and bits of string with his left hand when occasion arises, will soon be surprised at his skill when such skill is really necessary.

Among the various gymnastic exercises for the left hand a most excellent one is that of the crayon and blackboard. To make a bold, clear, straight stroke without breaking the crayon, to make fine parallel shading lines, to make curves and circles, are not merely valuable to train the eye, but are of great value in educating the hand to light but steady and gentle manœuvres.

Charles Darwin.—Although Mr. Darwin was not a strictly medical man his work has had a more powerful influence on medical thought than have probably the labors of any contemporary physician. His life, moreover, and his methods were those on which medical science can alone depend for furtherance. He was eminent in his loyalty to truth as revealed to him by exact observation and unprejudiced judgement. Ridicule and misrepresentation and denunciation never made him falter, but with his own convictions to support him he dared to speak. Charles Darwin was one of the heroes of the nineteenth century. The record of his life is a most precious legacy to posterity.

Mr. Darwin was born at Shrewsbury, England, February 12, 1809, inheriting rare qualities for scientific observation and philosophic thought. His father was a worthy though not eminent member of the Royal Society, and his grandfather was the celebrated Erasmus Darwin, author of "The Botanic Garden." His maternal grandfather was the founder of the famous pottery works at Etruria, Josiah Wedgwood, also a member of the Royal Society. His early educated was received at the public school in Shrewsbury, whence he passed to the University of Edinburgh, where he spent two years. He then went to Christ's College, Cambridge, where he was graduated in 1831. His bent for natural research was not diverted by his schooling; and soon after his graduation he read a paper on marine zoology, giving such promise of scientific ability that he was offered the position of naturalist on the now historic Beagle, soon to start on a cruise of scientific exploration round the world. Five years were spent on this cruise, during which those suggestive observations were made which led to the development of a new theory of the origin of species.

Returning from this voyage in 1835 Darwin made ready for publication his "Journal of Researches," and in 1840–42 he edited the "Zoology of the Voyage of the Beagle." Shortly after he publised his classic works on "The Structure and Distribution of Coral Reefs." These works were rapidly followed by "Geological Observations on Volcanic Islands," in 1844, and "Geological Observations in South America," in 1846. Meantime his contributions to scientific publications and the transactions of scientific societies were numerous and valuable, as they were throughout his long and active life. The two-volume "Monograph of the Family Cirripedia," was published in 1851 and 1853, and soon after his two volumes on the fossil species of the same family. In 1853 the Royal Society awarded him the royal medal, and in 1859 he received the Wollaston medal of the

Geological. His epoch-marking "Origin of Species by Natural Selection," appeared the same year. The controversies provoked by this work probably did more to attract popular thought to questions of natural science, and to change the popular as well as scientific mode of regarding such topics, than any other influence of the century.

The latter works of Mr. Darwin bear evidence of his untiring industry in collecting facts and his marvelous faculty for the rational interpretation of such facts. The work on the "Fertilization of Orchids by the Agency of Insects" appeared in 1862; "Habits and Movements of Climbing Plants" in 1865; "The Variation of Plants and Animals under Domestication" in 1867; "The Descent of Man, and Selection in Relation to Sex" in 1871; "The Expression of Emotions in Man and Animal" in 1875; "Insectivorous Plants" in 1876; "The Effects of Cross and Self-Fertilization in the Vegetable Kingdom" in 1877; "The Different Forms of Flowers and Plants of the Same Species" in 1880; and "The Formation of Vegetable Mould through the Action of Worms" in 1881.

This enormous volume of work has been accomplished by untiring industry, in spite of frequent illnesses which to most men would have been accounted sufficient cause for idleness. Personally, Mr. Darwin was greatly loved by his social and scientific acquaintances, and his home life was the happiest. He leaves five sons and two daughters, all of superior ability and high character.

Mr. Darwin died at his residence near Orpington, England, on Monday, April 19, A. D. 1882.

The Legal Responsibilities of the Medical Profession.—*Medical News:* In a recent number of the *British Medical Journal* there is a discussion as to whether a physician who makes a corporeal examination of a female patient, without her express consent first obtained, does not render himself liable to an action for damages for an indecent assault. It would seem that the English law on this point is clear and well settled; and a physician making such an examination, even though acting at the request of an officer of the law, is guilty of an offense which forms the basis of an action. It is not necessary that the person examined should make *bodily* resistance; if there be a mere *verbal* protest, unaccompanied by physical resistance, the physician proceeds at his own risk; and the fact that he was instructed to make the examination by a magistrate, police officer, or the like, forms no defence, since a physician, like any one else, is presumed to be aware of the legal consequences of his actions; and in this case the English courts have held that the command of an officer of the law cannot make that lawful which is unlawful, although such a command may be pleaded in mitigation of damages.

A careful examination of American authorities, of the report and statute books, and of American works on medical jurisprudence and on criminal law, fails to discover any case bearing on the point. One eminent authority on questions of medical jurisprudence, Dr. Edward Hartshorne, the American editor of Taylor's work on the subject, recently informed us that he had no recollection of having seen the matter discussed, much less had he ever read any American cases on the subject. F. A. Bregy, Esq , who has been for many years Assistant Prosecuting Attorney for this County, never met with a case of this sort throughout his entire experience, nor is he aware that the question has ever arisen in this country.

There is one case, however—that of the People vs. McCoy (reported in 45 Howard, New York, p. 216)—which, although not exactly in point, may be thought to have an indirect bearing upon the matter. A woman was arrested, charged with infanticide. Naturally, the first question to be decided was, whether or not she had recently been delivered of a child. The coroner directed two physicians to make an examination, and report upon the facts. The prisoner strenuously objected; but on being told that force would be used if she did not submit, offered no further resistance; and the physicians gave it as their opinion that the woman had given birth to a child within two weeks previous. On the trial, the court refused to admit this evidence, on the ground that neither the coroner nor any other officer of the commonwealth had any *right* to insist upon such an examination being made; that the proceeding was in violation of the spirit and meaning of the clause of the constitution which declares that "No person shall be compelled, in any criminal proceeding, to be a witness against himself," and this evidence was excluded, the court refusing to hear argument upon the subject.

Without entering into a discussion of the correctness of this ruling, which, however, seems to us to be erroneous, enough appears to show the judicial disfavor in which examinations of this sort are held; and the positive character of the English decisions, and the absence of American decisions to the contrary, may suggest to the members of the medical profession their liability in such cases. The English rule appears to us to be based on reason and common sense, and there can be little or no doubt that, if the question were to arise in an American court, the same principle would obtain. Plainly, a physician has no moral right to make an examination where the person to be examined objects. In the case of a private patient, he cannot resort to force or to threats; the most he can do is to point out the consequences which may result from a refusal to submit to an examination, and allow the patient to decide the question, and thus relieve himself of all responsibility in the premises, or withdraw from the case. So, too, when acting under the instructions of an officer of the law, the physician, should he meet with a refusal, may point out the legal presumptions which will arise from such a refusal, but there his power ceases.

Where the ends of justice or the demands of health require an examination in the case of one who is *non compos mentis* or a minor child, the express consent of the natural guardian or guardians, such as parents, brothers, or sisters, or the like, should be first obtained; where such guardians are inaccessible, a case arises where there is need of the most extreme caution.

It is to be hoped that the day is not far distant when a statute will be enacted which shall define as nearly as possible the rights, duties, and liabilities of the members of the medical profession. Cases calling for the exercise of the soundest discretion on the part of the physician are of daily occurrence, and in view of all the circumstances it is remarkable that their actions are not more frequently called into question.

What is Aconitia?—The conviction of Dr. Lamson, in London, on the charge of murder by means of aconitia administered ostensibly as a medicine, has led to no little discussion of the nature of this violent but little understood poison.

A continental physician called attention to the fact that the drug sold under that name in France and Germany was different from and much less powerfully poisonous than the English drug. The *Lancet* says that it is true; that they differ markedly in general character and chemical composition, and also in their effects on the human system. In fact nearly a dozen kinds of aconitia are recognized, varying so much in their properties that observations made with any one of them would be applicable only to that particular specimen, and not to the others. It is generally admitted that English aconitia is seventeen times as strong as the German, but it is not uncommon to find one specimen seventy times as active as another. This discrepancy arises not only from differences in the mode of extracting the alkaloid, but also from want of care in the selection of the plants. In the British Pharmacopœia it is directed that the *Aconitum napellus* should be used, but there is only too much reason to fear that other species are not unfrequently substituted. Some manufacturers use *Aconitum paniculatum*, which is almost inert; while others, for the sake of obtaining a more active product, employ the *Aconitum ferox* the deadly Bish poison of India. Much of the aconite root now in the market is not the root of common monkshood, but is obtained from Japanese plants of undetermined species. Some specimens of aconitia are white, some are yellow, some are crystalline, and others are amorphous. It is stated on good authority that the commercial aconitia is not an alkaloid at all, but is a mixture of several different alkaloids or active principles. The whole question is still *sub judice*, and all statements respecting the properties, chemical or physiological, of aconitia, must be accepted with a certain amount of reservation.

Large Brain and Skull.—*Tran. Med. Soc. of Virginia*, Jan., 1882: Dr. Christopher Tompkins, of Richmond reports the autopsy of a negro man, æt. 32, twice a murderer and twice an inmate of the Central Lunatic Asylum, of Virginia, the first time for some months, the last time for nine years, terminating with his death. He was six feet two inches in height, of spare build, and died of rapid consumption. Two hours after death it was found that the brain weighed 70 ounces, its substance, as well as its membranes and the bones of the skull, appearing healthy. The dimensions of the skull were: Antero-posterior diameter, $8\frac{3}{4}$ inches; transverse diameter, $6\frac{3}{8}$ inches; vertical diameter, 6 inches; its weight was 3 pounds. The capacity of the cranium was equivalent to the bulk of over a pound more of clover seed than that of two typical skulls of a negro and Caucasian respectively, selected from a collection of 54, with a view to comparison. The excess was situated, however, chiefly in the posterior segement of the skull. This subject when sane, was characterized by stupidity; during his insanity he was a violent masturbator. It was estimated that, if the brain had been weighed immediately on its removal, and with membranes entire, it would have weighed 72 ounces.

The Joy Electric Device Embroglio Before the University Regents.—The following extract from the *Free Press* report of the meeting of the Regents of the University of Michigan on the 3d inst., may not be without interest in connection with remarks on this subject in recent issues of the News:

The Board of Regents met Tuesday evening, and examined one witness, John Harris, a Detroit printer, in reference to the character and general reputation of M. V. Wagner, of Marshall, to whom Dr. D. A. Joy, an assistant in the laboratory, disposed of the right to manufacture an electric belt of his invention. Several members of the medical faculty certified to the value of Dr. Joy's belt for certain purposes. The belt was extensively advertised by Wagner after the manner of quack medicines, the certificates of the members of the faculty being published. Some of the latter preferred charges against Dr. Joy, holding him responsible for the misuse of the certificates. Dr. Frothingham submitted a long written brief on the subject, declaring that the reputation of the medical department had been injured by these advertisements, and urging that Dr. Joy should be removed from the University. The latter made his defense at the last meeting of the board, when he read a long statement of his connection with Wagner, and stated that he had secured the discontinuance of all the objectionable advertisements as soon as they had come to his no-

tice. Nothing beyond the examination of the one witness referred to has thus far been accomplished toward the final decision of the difficulty. Drs. Frothingham, Maclean and Palmer are against Dr. Joy, who has the support of Drs. Dunster and Langley. Drs. Ford and Prescott, the remaining head professors in the medical department, have not taken sides in the matter. As Regent Grosvenor was taken sick and Regent Joy was obliged to return to Detroit, the Joy electric belt charges were put over until the June meeting.

Sign of Pregnancy.—*Medical Press and Circular:* Dr. Delattre writes to the *Gazette des Hôpitaux* upon a constant sign of the beginning of pregnancy, which consists in the almost complete disappearance of the phosphates for the urine. As to what became of the phosphates the author believes that they are condensed into the bones of the mother, forming osteophites during the first months of intra-uterine life. During the last months, the fetus developing rapidly, this reserve of phosphates is largely drawn upon, the bones increase in weight, and the osteophites diminish gradually until their complete disappearance, which generally occurs after the first month of nursing. However, where the mother is weakly and ill nourished, she has, far from the proper substance the elements necessary for the nutrition of the fœtus, and consequently her strength becomes exhausted, and the child when born is small and weakly. In this latter case M. Delattre insists on the necessity of giving phosphate of lime during the whole course of the pregnancy.

The Secrets of Our Patients.—*British Medical Journal,* March 18, 1882: The *Journal de Médicine de Paris* contains a letter from a correspondent detailing a hypothetical case, in which the medical attendant delivers a woman of a syphilitic child, when, to his knowledge, the father is exempt from the disease; and desires to know whether it is the duty of the medical attendant to inform the father of the nature of the disease from which the child is suffering. M. Diday replies to the latter, and maintains that such a case offers no exception to the general rule, that the secrets of our patients are inviolable. He points out that, when the child is born dead, as a rule, no questions would be asked; and if they were, it would be sufficient to say that there was commencing putrefaction; but when syphilitic symptoms are manifested by the child after birth, he thinks the medical man can easily discover the real state of things; and he believes that it is only necessary for him to insist on the mother nursing the child herself, so as to avoid infecting anyone else; and should she herself show any symptoms of the disease, to submit herself at once to treatment, and to persevere in it actively and to the end. We may add, that we quite agree with M. Diday; any other view is obviously founded on a principle which would make one law for the husband, and another for the wife; for who ever heard of a medical man feeling himself bound to tell a wife that her husband had acquired syphilis?

American Gynæcology.—*American Medical Weekly:* Who reads an American book? was once asked by a notorious English satirist and cynic. The question now asked in England and in Europe is, who is there that does not read American books? There are few good books, even in medicine, published in this country which are not read abroad. More than this, many of them are republished there.

Perhaps one of the most interesting facts in this connection is, that Mr. Keith, the celebrated ovariotomist, one not excelled anywhere, has sent his son to take a course in gynæcology in New York! ! He says that, in England, and France, and Germany, they "know a thing or two," but that in no city of the world is gynæcology so well taught and illustrated in practice as it is in the city of New York! ! Who, twenty years ago, could have believed such a fact to be possible? And to whom is all this honor primarily due? To Marion Sims, the founder of this great specialty; *palmam qui meruit ferat.*

For a century American medical literature and American medical practice has been ridiculed abroad; now the great change has come; medical Europe looks to America, and offers her praise and gratulation.

"Let the kettle to the trumpet speak;
The trumpet to the cannons without;
The cannons to the Heavens, the Heavens to earth,
Now the king drinks to Hamlet."

A Physician Mulcted.—Dr. Brock, of Bismarck, Ontario, has just suffered at the hands of a jury of his countrymen, to the extent of $900, together with the costs of the court. The plaintiff had consulted the doctor for an injury to his shoulder which was diagnosed as a severe bruise, and although the case was under observation for five weeks, displacement was not discovered. Some eight weeks after the receipt of the injury the patient consulted other surgeons who diagnosed "subcoracoid dislocation of the humerus," which they, and others called in counsel, found it impossible to reduce.

Dr. Brock denied the fact of dislocation. It appeared in evidence, however, that he had on two different occasions tried extension with the heel in the axilla; but he did this, he said, with the intention of "stretching the nerves," seeking thereby to relieve the extreme pain from which the victim suffered. The claims for damages were based on want of skill.

The *Canadian Journal of Medical Science,* in commenting on the case, says: "There can be no doubt that he (Dr. Brock) committed a grave error in judgment, and, while he was doing his best for his patient, the price demanded for his error appears to us very high. While we sympathize with Dr. Brock, who, during his eight years of practice, has

always been careful and painstaking, we hope that he and others will learn from the result of this unfortunate case the great importance of insisting on consultation in all cases of injury at or near the joints where the symptoms are at all severe or obscure. Unfortunately some medical men, with a perversity which is entirely inexplicable, as well as inexcusable, persistently object to consultation. Such conduct is both unjust and impolitic: unjust because it deprives the patient of the advantages which may accrue; impolitic, because it throws on the surgeon's shoulders the full responsibility of any mishaps which may arise.

ANTI-CANCEROUS DIET.—*Birminghan Medical Review:* Professor Beneke of Marburg, setting out with the notion that a well nourished organism, rich in quarternary principles and phosphates, constitutes a favorable soil for the growth of cancer, suggests the following diet for cancerous patients, or those who inherit a hereditary predisposition thereto:

Breakfast: Black tea, with cream and sugar; a little bread, plenty of butter; baked potatoes with butter (cocoa may by substituted for the tea); fruit, fresh or cooked; biscuits.

Dinner: Soup of fruit, wine, tapioca or peas, or potatoes; not more than two ounce of meat (weighed before cooked fruits; apples and prunes with rice, rice with rum, salads, fruit ices; Moselle, Rhine wine, Champagne; very little beer (because it contains much alkaline phosphates).

Tea: Black tea, with sugar and cream, a little bread and butter, or fresh fruit and biscuits.

Supper: Soup as at dinner, rice and fruit, baked potatoes and butter, potato salad, sardines, anchovies, herrings; corn flour gruel with wine and sugar; light wine.

SALICYLATED CAMPHOR.—This new combination is prepared by mixing 84 parts of camphor over a water bath with 68 parts of salicylic acid. When the temperature reaches 90° centigrade, the camphor fuses and the acid is dissolved, giving a limpid liquid having the appearance and density of glycerine. On lowering the temperature the mixture becomes a solid crystalline mass. It is soluble in glycerine, alcohol and many fixed oils, and is highly recommended as an application for lupus.

A recent issue of the *Alliance*, of Chicago, contains an extended notice, under the head of "Chicago's Foundation—Her Strong Men," of Dr. E. W. Jenks, formerly of this city, but who left here three years ago to take the chair of Gynæcology in the Chicago Medical College. It will be exceedingly gratifying to the doctor's friends to learn of the esteem in which he is held in his new home. We regret to learn, however, that the climate of Chicago has been very trying both to Dr. Jenks and members of his family, and we are in receipt of a letter from him in which he announces that he has resigned his professorship in the Chicago Medical College, thus leaving himself free to order his removal from Chicago in the near future, should the exigencies indicated absolutely compel him to do so. The doctor has a warm following, both in the profession and public, in this city, who would welcome his return.

Eclectic Medical Journal: After Thomas Carlyle had attained a world-wide distinction for literary talent and honesty of expression, all sorts of people sought his presence, not deeming, perhaps, that they were severely testing his not very well balanced patience. One day a phrenologist called, and expatiated on the excellence of bumpological science, till the listener became brittle, exclaimed: "I see you are quite familiar with the topography of skulls, but it's a pity you are so slightly acquainted with brains." On another occasion, a vegetarian was expounding the beauties of a simple diet, and denouncing carnivorous indulgences, when the venerable thinker abruptly says: "There's Piccadilly; *there* it has been for a hundred years, and *there* it will be when you and your damned potato gospel are dead and forgotten."

If we are to credit our Canadian exchanges, the frequency with which glowing accounts of operations, etc., by physicians, find their way into the local secular prints is becoming sufficiently alarming to demand attention. Prominent professors from this side, it has also been charged, have been known to precede their visits for a summer vacation to Dominion towns, by bill posters announcing their coming. The facts of a remarkable case of this nature have recently come into our possession.

At the examination before the College of Physicians and Surgeons of Ontario 59 of 81 candidates were successful, 22 failing to come up to the required standard. These candidates were all graduates of Canadian Medical Colleges the Canadian Medical Act not receiving the diplomas of graduation in medicine as a guarantee of proficiency but, requiring all graduates to pass a "Staats Examen" for for a license to practice. We want just such a law in Michigan.

The skeleton of a man who is supposed to have lived some 4000 years ago is reported to have been unearthed in the province of Maranho, Brazil. It measures 8 ft. 2 inches, and its spine is prolonged in the form of a caudal appendage for nearly two feet. There is a fishy odor to this story and it is not improbable that the skeleton was discovered, *a la* the Cardiff Giant, either by some euthusiastic evolutionist or by some showman.

Koch's so-called discovery of the tubercle bacillus and his classification of tuberculosis as a disease due to infection with this microzyme has not met with much fame in Vienna, the theory being harshly criticized and ridiculed in that home of plodding searchers and exact observers.

Dr. Wm. A. Hammond (*Louisville Med. News*) while denouncing masturbation as a "vile, vicious, degrading and demoralizing practice, that no one could be guilty of without self abasement," maintains, nevertheless, that in so far as its physical effects are concerned, "it is no more injurious than a corresponding amout of sexual intercourse."

A mixture of chloride of lime, camphor and glycerine is the latest substitute recommended for carbolic acid. Its claims are, that it is less toxic, less irritating, and of a less disagreeable odor than carbolic acid.

We would ask the attention of those subscribers who have not yet remitted to the statements which were sent out in the last issue of the NEWS. Parties who remitted too late to have the proper credit given before the last issue will, of course, pay no attention to the slip.

The addition of a little alkaline citrate, the citrate of potassium, for instance, to muriate tincture of iron, is said to neutralize the rough taste of the latter.

Book Notices.

A TREATISE ON THE SCIENCE AND PRACTICE OF MEDICINE; OR, THE PATHOLOGY AND THERAPEUTICS OF INTERNAL DISEASES. By Alonzo B. Palmer. M. D , LL. D., Professor of Pathology and of Practice of Medicine, and of Clinical Medicine in the University of Michigan; Physician to the State University Hospital; formerly Professor of Materia Medica and Practice of Medicine in the Berkshire Medical College, Massachusetts, and Professor of Pathology and Practice of Medicine at Bowdoin College, Maine; Honorary Member of the New York Medical Society; Ex-Vice-President of the American Medical Association, etc.
New York: G. P. Putnam's Sons; 1882; vol i.
Detroit: John McFarlane.

The fact that this work is the production of a professor in the University of Michigan entitles it to more than a passing mention, but as our space is limited we cannot bestow upon it the attention which it might otherwise merit.

Treatises upon the theory and practice of medicine are numerous; the author of this one, while accepting the fact, justifies the existence of his treatise by the requests of the students who have listened to his oral instruction during the last thirty years; and by lack of American works on this branch of medicine. He argues that a new treatise is necessary to supply the wants of the profession in this country because the works of foreign authors do not meet their needs in many respects, but especially in relation to the nature of disease, which Dr. Palmer alleges is much modified by longitude and in consequence of which the treatment must be varied. This work has been prepared, then, in compliance with repeated requests and in relief of a deficiency of medical books. So the author states. It may be a presumption only, but we think it has been written, too, in deference to an unspoken sentiment pervading the minds of all connected with the University that it was high time that some of the professors connected with the medical department should furnish the students with an original text-book. Such a production would add *eclat* to the institution by increasing the renown of its teachers. By mutual consent the task was assigned to—shall we say—the Nestor of their corps—and the result is before us.

With the aim and from the standpoint from which this work has been written, it will doubtless supply a necessity to many students and will prove a standard work of reference to many practitioners who have been the pupils of the author. To these latter it will be more. To them it will ever be a grateful remembrancer of an instructor whose manner was always kind and whose methods were always lucid, and from its pages they can revive pleasant memories as well as valuable lessons. The standpoint is that of "an American physician whose practice is in a village or farming community" and "the aim has been to present what was essential to a proper understanding of each subject, without entering into historical details or dwelling upon doubtful facts, or upon theories not established."

The general reader will most likely be satisfied with the style of the work, but to us it seems a trifle too didactic. The "professorial tone" pervades it and while one reads its pages, somehow one gets the idea that he is listening to a lecturer and not perusing a printed book. The author thus seems to impress his personality not only on his work but upon the reader. This, however, is not an unpleasant feature and may not be so apparent to those who have not heard the author in the lecture room. A striking characteristic is the firmness with which he adheres to individual opinions, and the uncharitably disposed might characterize this with a stronger, possibly an offensive term. This is shown in the article on cholera, in which he expresses the views conceived by himself some thirty years ago and says that they are "so deliberately formed and so firmly held that nothing I have since seen has materially changed them." Surely the science of medicine has made rapid strides in that time and has had its transition periods. But as to change of personal convictions that is another matter. It should not be judged from this that Dr. Palmer presents absolutely nothing new in his treatise, because, he has incorporated in it the most advanced views by the best thinkers and the results of original research by the profoundest observers of the age; so thoroughly incorporated them that they appear almost like his own.

He occasionally interjects an idea that appears to be somewhat foreign to a scientific work or to the subject in hand, and were it not that these "gems of thought" were "of purest ray, serene," they might be objected to as irrelevant. They are, however, so skilfully interwoven that they will escape the criticism which would expurge them and only excite admiration for the beauty of their diction.

Classification of disease is arbitrary and the ar-

rangement in these volumes is one of convenience and follows probably a method of habit. After the opening preliminary chapters on the general principles of pathology and therapeutics the particular general diseases are treated of separately, but in no special order and then follow accounts of the local diseases—the first volume closing with the diseases of the liver. Each volume is provided with a table of contents and separate index which will render them convenient for reference. If the index had been made fuller it would have rendered the work more acceptable both as a text-book and as a work of reference.

This treatise is the crowning work of a life spent in the arduous duties of a laborious profession and will give new lustre to an already well-earned fame. We shall expect to see that the renown which will follow its publication will add new honors to his name—which we confidently predict will appear on the title-page of the second edition. It will undoubtedly be adopted into the list of text-books at the University and we anticipate that this will be followed by the issue of other works, as "Ford's Anatomy" and the rest in due season.

DISEASES OF WOMEN, including their Pathology, Causation, Symptoms, Diagnosis and Treatment. A manual for students and practitioners. By Arthur W. Edis, M. D., London, F. R. C. P., M. R. C. S., Assistant Obstetric Physician to the Middlesex Hospital, Consulting Obstetric Physician to the City Provident Dispensary, late Vice-President of the Obstetrical Society of London, late Physician to the British Lying-in Hospital. With one hundred and forty-eight illustrations. Pp. 570.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

When the fact is considered that our American authors stand at the head in this department of medicine, it will very naturally be asked, why this introduction to the profession of this country of a work from over the seas? As we take it, the reason which the book before us has for its introduction to the American profession lies chiefly in its size and style. It is a happy mean between the encyclopedic work on the one hand, and the "short cut" to gynæcology on the other. Its style is unique and chaste, showing a singular aptness and conciseness of expression. The author's position and experience have enabled him to speak that which he knows, and he leaves the impression upon the reader that his statements are to be implicitly depended on. This latter is a feature of the book. The illustrations are well executed, and are in keeping with the text. The portion devoted to the diagnosis of tumors is full and exhaustive. The author recommends the use of hot water injections in vaginal leucorrhœa, the patient to lie on her back while the injection is being given. A chapter devoted to "Nerve Tire," is very interesting, and Dr. S. Weir Mitchell's plan of seclusion, rest, massage, electricity and diet, recommended in the treatment of this condition.

The book is one to be commended, especially to the student and the practitioner who feels that his limited time for reading demands that his literature should be in more condensed form.

Original Articles.

The Causes and Significance of Heart Sounds—Demonstrated by Vivisection—Experimental Physiology in the Michigan College of Medicine.

BY PROF. HAL C. WYMAN, M. D., DETROIT, MICH.

Gentlemen: We have this animal securely fastened in the trap; his limbs are extended and secured; he is anæsthetized; he cannot move and is unconscious of the pain occasioned by this deep and long incision I make in the anterior median line of his neck. I do this, gentlemen, to expose to view the trachea, because in demonstrating the causes of the sounds you hear when you apply your ears or stethoscopes over the human heart, it will be necessary to open the chest and maintain the respiratory movements by means of bellows attached to the trachea. In the wound is felt the trachea. I raise it and slip between it and the œsophagus by means of this aneurism needle a strong ligature. I choose that part of the trachea which the size and position of the animal makes most convenient, divide several rings and introduce, as you see, the nozzle of the bellows, and tie it with the ligature. My assistant takes the handles and artificial respiration begins. Now to expose to view the heart so that we can study its sounds and movement, I make incisions over the sternum and across the left side and pull the included integument out of the way. With a good pair of rib shears, I divide the costal cartilages at the right of the sternum, cut that bone across near the root of the neck and then beginning with the second or third, divive the ribs from above downward and outward until the diaphragm is reached. Turning away the included flap of bone and mussles we have exposed to view the heart and great vessels, with a portion of the left lung. Using my fingers as a retractor there is no difficulty in keeping the expanded lung from obscuring the view of the heart. Now, at the distance at which we stand from the heart no sounds are heard, but if I apply one end of this tube to any part of the heart and the opposite end to my ear, sounds are distinctly heard. By keeping one end of the tube in the ear and moving the other about over the heart we learn that the sounds have greatest intensity over certain points, and that two separate and distinct sounds may be heard. While listening the tumbling contortions of the heart, which you plainly see, suggest some connection between the sounds and the movements. The sounds are rythmical and regular in succession and likewise are the movements. That you may all hear the two sounds as well as see the movements concerned in their production, I attach this short hard gutta percha tube to a piece of half-inch rubber tubing, long enough to reach through the rows of seats. I apply the gutta percha tube over the left ventricle and you apply the rubber tube to your ear. You hear distinct-

ly the "lub-dub, lub-dub," first and second sounds of the heart. By passing your end of the tube from man to man you can all hear the normal sounds of the heart and at the same time see the rythmical movement connected with them. When you hear other sounds than the two now engaging your attention they are called murmurs. With this curved needle I will produce a murmur. Note carefully the second or short sound of the heart—the "dub" sound. I pass the needle through the wall of the pulmonary artery, carry it downwards and hook back one of the pulmonary valves. Now you hear something in the place of the second or short sound. It is modified. It is a murmur. The first or long sound remains the same, and the argument is that the pulmonary valves are not concerned in the production of the first or long sound of the heart. This quite simple experiment gives you fair understanding of two things which students and young practitioners are very apt to confound, viz.: the causes of the normal sounds of the heart and the causes of the abnormal sounds or murmurs. It is safe to admit that the second sound of the heart is caused by closure of the pulmonary and aortic valves, when we find that preventing the closure of those valves destroys the sound. Further, it is safe to admit that modifying the action of the pulmonary and aortic valves modifies the character of the second sound of the heart and produces a murmur. Now, when you put your ear to a chest and hear anything in place of the short "dub"—"dub"—"dub," you may know that something is modifying the action of the pulmonary or aortic valves. I will now push back the aortic valves with my needle, and, listening, you hear something different from the normal second sound. You hear a murmur and can see that I have produced it by interfering with the action of the valves as in the previous experiment. I will now, calling your attention to the normal first or long sound of the heart, interfere with the auriculo-ventricular valves. The needle is easily made to catch the valves, and you hear a very decided murmur in the place of long first heart sound. You must listen carefully to this sound, as you did to the normal sounds when the chest was opened and before the action of the valves was interfered with by the use of the needle, because a very able man—Dr. Austin Flint—who has long been distinguished for his skill in diagnosis of diseases of the heart, has said that the sounds of the heart were of same length when the impulse of the heart against the chest wall was removed. In this trial you have heard the first sound and distinguished it from the second by its greater length and that, too, after the chest wall had been removed, so that it could not be a factor in the premises. But before we contradict Doctor Flint we must remember that he refers to the human heart and that his experiments were made upon a man whose chest wall had not been removed by vivisection. Physiologists differed in their views concerning the action of the heart before they understood the circulation of the blood, and since then have not relinquished their controversies. From the several experiments that have been made before you to-day, you can see how patient and painstaking one must be before he thoroughly comprehends the mechanism of the two heart sounds. That the impulse of the heart against the chest wall is one, the closure of the auriculo-ventricular valves a second, and the noise occasioned by the contraction of the ventricle a third element in the production of the first sound of the heart, is generally admitted. In our trial we have demonstrated the influence of the valves only in the production of the sounds. But when you examine a human heart in a living person, have in mind all of the factors concerned in its sounds and movements. The systole and diastole, which alternately open and close the valves are important in estimating the significance of a murmur. You will recognize the systole or contraction of the ventricles in the blow which the heart strikes against the wall of the chest. Put your hands over your hearts and feel it. Now observe this dog's heart; see it rise up and reach out to strike the chest wall when the ventricles contract, and, if you listen you hear, at the very commencement of the contraction, the closure of the auriculo-ventricular valves, one element of the first sound of the heart. If a murmur is heard in the place of the closure of the valves, it is called a presystolic murmur and signifies a lesion of the mitral or tricuspid opening. It is interesting to recall the importance which the early physicians attached to the movements of the heart as a means of ascertaining disease. Hippocrates described the contraction of the auricles and supposed they stirred the air. The Alexandrians, whose magnificent library was destroyed by fanatic Christians in the fourth century, theorized and experimented upon the heart. They described systole and diastole of heart and arteries. Galen followed in their footsteps and experimented. He ascribed to the ventricles a powerful suction action, and said that without the auricles the suction power would rupture the vessels. A false notion. Haller was the first to prove that the heart has no suction power. Vesalius thought he proved by experiments upon animals that the heart shortened during diastole and elongated during systole. Harvey was the first to oppose him with the truth. He showed that the heart struck the chest during systole and at the same time shortened its diameter in all directions. Many eminent men of the day opposed his views with numerous experiments to prove the theory of elongation during systole. So much and so long to prove the action of the heart, but it has required much more effort and controversy to establish that the first sound of the heart has three elements in its composition—viz.: the auriculo-ventricular valves, the sound of systole and the blow against the chest, and that the second sound is caused by closure of the aortic and pulmonary valves.

Malaria Not Dead, Buried or Asleep.

BY A. G. SMYTHE, M. D., BALDWYN, MISS.

In the NEWS of the 10th, last, is a "Note of Welcome." Could we of the region of chills and fever, and all the terrible phases of that family of diseases, only be assured that the assertion in the last line of that article was true! Could all of these people be convinced of that fact at one and the same moment! Why, sir, there would go out a shout that would rend the air and shake the earth from circumference to center. In a general way the news of a death and burial is a cause of sorrow and sadness, and accompanied by a wail of grief and a howl of anguish. But if we only knew that the assertion were true, that malaria was dead and buried and not, Phœnix-like, to arise from its ashes, then would the burning fever of our discontent and suffering be made a glorious and everlasting spring, by this hopeful son of Michigan. Then would all the clouds of sorrow, burning fevers, racking pains, and horrid deaths that lowered upon our otherwise happy homes, on the deep bosom of the ocean of oblivion, be buried. Then would our faces be covered with happy smiles and roseate hues of health, instead of the pale and ghastly shadows of death; our blanched, shivering and attenuated forms exchanged for the ruddy hues and well-filled outlines of robust health; our death knells, doleful dirges, weeping wails of disconsolate mourners and funeral marches, be changed to merry meetings, delightful measures and shouts of joy and gladness. Then would the call and hurry for the doctor almost cease, as well as the demand for quinine and the ever-ready cathartic pill. Happy days and still more happy people. Alas, for human hopes! We have permitted ourselves to be transported into an ecstacy of delusion, in an attempt to contemplate what would be our happy condition. Malaria dead! Malaria buried!! It may be one; it may be both. But we of the great south and west know that dead or living, buried or unburied, and whether it be malaria or bon-aria, or whether it is entitled a name or an entity; we know, if we know anything, that there is a local cause, positive or negative, for certain abnormal conditions, which we, for want of a better name, call "malarial diseases," and in certain localities where these conditions exist they prevail more or less, each and every season, and that in other localities where similar conditions do not exist, they are rarely if ever known, and if known at all, can always be traced to have had their origin in the same cause. We of this region are not wedded to malaria as a matter of choice; it is compulsory on our part at least. We would gladly sever the connection if we could find a tribunal clothed with sufficient authority to dissolve the union. But have no faith in the freedom obtained through the death and burial announced in the article referred to. As was said on a former occasion, we are ready to surrender malaria, but demand something better in exchange. Cavil as catechumen may, there is a cause, and with our present knowledge one generally accepted name is as good as another.

Malaria is not only not dead and buried, but scarcely sleepeth; during the past mild winter it did not even hibernate, but stalked around with stealthy tread in certain quarters (old habitat) to the serious detriment of the happiness, health and life of many persons in the south and west, and from present appearances bids fair to play havoc during the approaching summer and fall throughout all the submerged districts of the Atlantic and Gulf States, but more especially the latter. It will require a more dexterous officer than a deputy surgeon-generai in the jungles of the East Indies to execute the death warrant, and a more experienced undertaker than the new light from the great lakes to perform the last sad rites of sepulture to the mortal remains of that distinguished enemy of the human rare, malaria.

Selections.

BLOOD-STAINS.—Dragendorff has published a valuable memoir on the detection of blood-stains (*Untersuch. über Blutspuren; Pharm. Jour.*, vol. xii, p. 586). Hæmoglobin possesses the power of absorbing oxygen, which is again given off in contact with reducing agents. Oxyhæmoglobine, examined spectroscopically, shows a characteristic spectrum. It is soluble in water, as well as in aqueous solutions of potassium iodide, borax, and very dilute potash or ammonia. These saline solutions dissolve the oxyhæmoglobine from old blood-stains more readily than pure water. A cold saturated solution of borax is especially to be recommended for this purpose, since the solution is not liable to decompose. Oxyhæmoglobine loses oxygen when placed in contact with reducing agents, and it then yields a characteristic spectrum of reduced hæmoglobine. If ammonium or sodium sulphide be used as the reducing agent, the spectrum of the reduced hæmoglobine may pass gradually into that of sulphohæmatine. Acetic acid and similar agents transform hæmoglobine into hæmatine, which likewise possesses a characteristic spectrum. Warming with dilute solutions of potash or soda sometimes converts it into reduced hæmatine. The guaiacum and hydrogen dioxide test, being one of the most delicate, should never be omitted. It has, however, only a limited value, since other organic substances yield a similar reaction.

Among the many reagents for the precipitation of blood-pigment, tannin and zinc acetate are especially serviceable, since the hæmoglobine or hæmatine is not decomposed, and the presence of borax, or of the salts present in spring-water in the solution, does not affect the precipitation. The so-called hæmine cystals may be obtained from the above precipitate, or from dried blood, by allowing a little of it in a drop of glacial acetic acid, with a fragment of common salt, to evaporate to dryness at the ordinary temperature, or by warming to 60 or 80 deg. Cent. (140 to 176 deg. Fahr.) The latter method is not so certain, and the test requires some practice to insure success.

After an examination of the spots themselves, when the quantity at disposal is only small, it is advisable to remove particles of dried blood, when possible, with a knife, reserving the dried blood for

further examination, and to apply the tests to the scraped spot in the following order. One spot may suffice for several reactions.

1. The guaiacum test. A small piece of filter-paper is moistened with distilled water, laid upon the spot, and frequently pressed down with a glass rod. After from five to thirty minutes, it is removed and moistened with oil of turpentine, which has been exposed for some time to the action of the air, and fresh tincture of guaiacum. The blue coloration must make its appearance within a few minutes. If the coloration does not make its appearance, it will scarcely be possible to detect blood by any other test. An affirmative reaction does not, however, necessarily prove the presence of blood.

2. Another, or the same, spot is macerated with a drachm or so of a cold saturated solution of borax, either at the ordinary temperature, or at 40 deg. Cent. (104 deg. Fahr.) The solution gradually assumes a red or reddish-brown color, if blood be present. In this case, it must be examined with the spectroscope for oxyhæmoglobine. It has been urged against this test, that other solutions, such as certain red inks made from cochineal, a coloring matter in the feathers of the banana-eater, and purpurine-sulphuric acid, may show similar spectra. The first may be recognized by their being decolorized by chlorine water without producing a precipitate. The second does not yield the spectrum of reduced hæmoglobine. To obtain this from oxyhæmoglobine, treatment with a solution (1 to 5) of sodium sulphide is r commended. The last, purpurine-sulphuric acid, only yields a spectum when the solution is hot.

3. If the spectroscopic test succeed, the guaiacum test may be repeated with a small quantity of the solution.

4. The solution is diluted with 5 to 6 volumes of distilled water, and a 5 per cent. solution of zinc acetate added as long as a precipitate forms. This is filtered off and washed slightly. This precipitate, dissolved whilst moist, in about 20 drops of glacial acetic acid, shows the hæmatine spectrum, if sufficient blood be present.

5. A small portion of the precipitate may be dissolved on a slide in a drop of glacial acetic acid, a very small crystal of common salt added, and allowed to dry slowly by exposure to the air. The slide may then be examined microscopically for hæmine crystals.

6. If any dried blood have been scraped from the spot, a few fragments may be used for the hæmine crystsls, as under 5. After recognizing these, the slide may be washed with a little water, and the guaiacum test tried.

Finally, the remainder may be incinerated, and the ash tested for iron. If plenty of the material be at disposal, nitrogen may be detected by the usual methods; but, if the spots be upon iron, it must be borne in mind that iron-rust may absorb ammonia and so yield the nitrogen test. Wool, silk, hair, etc., can also be sources of error. The detection of blood upon rusty iron is difficult, from the fact that the blood-pigment forms a compound with the iron-rust which is not readily soluble. Borax solution is 50 deg. Cent. (122 Fahr.) removes hæmoglobine from this compound. The solution thus obtained may be examined as above described; or the rust may be treated with warm acetic acid, and examined spectroscopically for hæmatine.

To ascertain the source of the blood, the following methods are serviceable.

7. If the blood be fresh, the size and shape of the corpuscles may be of service, since they differ, though not very greatly, in different animals; but, in partially decomposed and in dried blood, the corpuscles are generally so much altered as to render the examination difficult, and the results unreliable. A thin fragment scraped from a blood stain may be examined in turpentine under the microscope, or soaked in solutions which either do not at all, or only slightly, attack the corpuscles. After removing the hæmoglobine as far as possible with such solutions, the residue may be tested with an aqueous solution of iodine. The blood-fibrine which is undissolved absorbs iodine and renders itself thus evident. Proof of the presence of fibrine may be of importance, since its complete absence would indicate the use of a defibrinated blood, perhaps to simulate a crime.

8. Possibly hairs, fish-scales, etc., imbedded in the blood, may indicate its origin. Often, too, the dried blood, warmed with a little dilute sulphuric acid, evolves an odor peculiar to the animal from which the blood was derived.

9. Blood from the stomach, etc., frequently contains epithelium-cells and sarcinæ; that from abscesses, fat, pus-corpuscles, and cholesterine. In cases of alleged defloration, epithelium-cells and spermatozoa should be searched for.

10. Bug and flea spots differ in appearance. The residue is free from fibrine and from blood-corpuscles.

The exact determination of the age of a blood-stain is not possible. The older the stain, the more difficult it is to extract the hæmoglobine. An aqueous solution (1 to 130) of arsenious acid dissolves a spot one or two days old in the course of about fifteen minutes; one eight days old, in about half an hour; after two or three weeks in one or two hours; after four or six months, in three or four hours; and after a year, in four to eight hours.

Solution of borax is recommended for the extraction of blood from earth, etc. Such a solution may be examined spectroscopically, and 0.5 per cent. of blood may be thus detected.

Highly diluted blood, such as, for instance, soapy or spring water containing small quantities of it, may be precipitated with zinc acetate. One part of blood in 6,000 parts of water can be easily detected; but the limit in urine is 1 in 1,000, and certain constituents of the urine render the detection more difficult.—*London Medical Record.*

Mercury in Syphilis.—Dr. H. G. Piffard, at a meeting of the Materia Medica Society, of New York, held March 23, submitted the following propositions:

1. In the treatment of syphilis mercury is naturally the most valuable curative agent of which we have any knowledge. The positive results which follow its employment are such as to convince any competent observer as to its efficacy.

2. Mercury is an overrated remedy. The fact that a remedy will do much is no sign that it will accomplish everything that may be desired of it. It will lessen the manifestations and shorten the the natural course of syphilis in most cases, but it will not always produce a speedy and beneficial effect, as most physicians are inclined to believe. Some of the worst cases of syphilis in my practice have occurred in patients to whom I gave mercury for one or two years.

3. If the profession generally were more strongly impressed with the great value of hygienic measures in the treatment of syphilis, and were less inclined

to confide solely in the specific action of mercury, I am convinced that patients would receive a far greater amount of benefit. Remedial agents often require a fictitious value by reason of the fact that patients improve during their administration. We know that mercury is not inert, and have ample proof that it can and does accomplish a great deal. The improvement which takes place in our syphilitic patients when treated is not wholly the effect of mercury. It is due in great measure to the vis medicatrix.

4. Mercury is not essential to the cure of syphilis. This disease, like other erythemas, tends to run its course. It may be severe, and, in that instance, terminates fatally. In the majority of cases, it is a far less malignant disease than it is supposed to be. If the patient is of sound constitution and the infection is mild, it usually runs its course without injuring the health of the patient. It may be said that such patients will suffer more from severe lesions in later years. I believe that these patients are as thoroughly cured as though they had taken mercury. I have seen hale men of advanced years who have had syphilis in their younger days and have received no specific treatment, so that I cannot believe that mercury is essential to the cure of the disease.

5. The internal administration of mercury is preferable to the inunction, vapor-baths, etc., in every case for the cure of constitutional disease. A somewhat extended trial of mercurial inunction has led me to abandon it. It is but just for me to say that my experience with the vapor-baths and hypodermic injections has been very limited. They possess no advantages over the method of internal treatment which I can recommend, nor can they claim the merit of simplicity.

6. The dose of mercury usually given to syphilitic patients is unnecessarily large. From the time when the beneficial effect of mercury was estimated by the pints of saliva which dribbled from the patient's mouth, there has been a sudden tendency toward diminution of the dosage of this drug. I believe that in the vast majority of cases the very best effects on syphilis may be obtained by the employment of doses which will not incur the slightest danger of salivation. I have no faith in the administration of doses upon the homœopathic principle. The daily dose of one-half to one grain of the biniodide will do more good than two or three grains. Regarding the choice between metallic mercury and the numerous salts, I am not prepared to speak. The protiodide given in the form of trituration will not cause gastric disturbance. In the late stages of syphilis, I have followed the custom of changing from the green to the red iodide. In my own experience, I have never observed any benefits result from the combination of various salts, as recommended by Bumstead, or by the frequent change from one preparation to another.

7. The duration of mercurial treatment should vary according to the character of the case. There are cases of mild and cases of severe syphilis. Mild syphilis does not demand mercurial treatment.

I do protest against treating all cases of syphilis upon a routine plan. Many writers on syphilis lay down the absolute rule that the disease must be treated during a certain specified number of months or years, without even hinting that, for various reasons, one patient may not require as much treatment as another. In our text-books of the present day the description of syphilis rarely corresponds with the average case in practice, but it is the description of the superior and comparatively uncommon forms of the disease. The question is not what the disease is capable of doing, but what it is likely to do. There are cases of syphilis which demand two, three, or, perhaps, five years of treatment. But it seems to me to be utterly impossible to fix a certain time as the duration of treatment for all cases. When the early symptoms are slight and disappear under treatment, I deem it quite uncessary to continue the use of mercury for two or three years to entirely eradicate the disease and prevent subsequent manifestations. Late lesions of syphilis frequently do occur after prolonged administration of mercury. My own practice is to give mercury in every case during the existence of any symptom of the disease, whether it occurs early or late. In the early period I continue the use of mercury for six months after the last symptom has yielded. I then stop the administration of the drug and await further developments. If the symptoms reappear, I resort again to the use of mercury, and continue for perhaps two or three months after the disappearance of the latest symptoms. In late syphilis I give mercury to subdue any growing symptom and then stop.

Borax in the Treatment of Impaction of Cerumen.—Dr. George F. Souwers, of Philadelphia, closes an article in the *Medical and Surgical Reporter* on Impaction of Cerumen by the following note on its treatment:

The question of treatment of these different conditions may now appropriately be considered. In those cases where we have to deal with a simple uncomplicated condition of impaction, lukewarm water and a syringe may be all that will be required to restore the ear to a normal and healthy condition. Where, however, impaction has passed beyond such a simple means for its removal, medicinal agents must be called into requisition. The simplest remedy, then, is glycerine, either alone or in combination with a little water; the patient being placed with the head reclining toward the opposite side to that being treated, a few drops of glycerine are dropped into the meatus; having been allowed to remain in situ for some minutes, the ear should be washed out with a mixture of glycerine and water, and then thoroughly dried. These applications should not be made more than twice in the twenty-four hours, under any circumstances, for, if too often repeated, more harm than good may result. If, however, the means considered fail to afford relief, we have in borax a very efficient agent by which to accomplish the end desired, namely, such a degree of solution of the cerumen as will admit of its ready removal by the syringe. A very good formula for the employment of this drug is as follows:

℞. Sodii boratis pulv.,..... ℥ j.
Glycerinæ,
Aquæ,.....ää ℥ ij. M.

Sig.—Warm, and drop into the ear.

When the impaction consists of a crystalline mass, which, by ulceration, has destroyed the membrana tympani, and forced itself into the middle ear; or even when external to the membrane, it is almost useless to employ the syringe alone; the use of a long, delicately tapering forceps is necessary for the removal of the mass, care, of course, being taken not to roughly handle the parts that are already in a state of irritation. A solution of alum may then be applied twice a day, if the indications point to the employment of astringents. If the fauces, etc.,

require it, they should be treated systematically as well as locally, for in many cases the patient presents an anæmic state of the system. As a gargle he may employ chlorate of potash and muriate of ammonia. If, now, eczema is the agent at work producing the mischief, another plan of treatment must be pursued. The first and grand law is "absolute prohibition of the use of water, or of water and soap, for the purpose of cleansing the ears." This is a *sine qua non* for the success of whatever else may be done. In those cases where the eczema has simply progressed as far as the first stage, an ointment of the yellow oxide of mercury, made of the strength of from one to two grains of the oxide to the drachm of cosmoline, and applied thrice a day, not only to the meatus itself, but also to the membrana tympani, is very useful. If an ulcerative condition is present, the nitrate of silver is the remedy *par excellence*. If, however, the hypertrophic stage of the disorder has been reached there is no better application than that of the ol. cad., by means of a camel's hair pencil. If the patient insists on cleaning his ears out, let him use the end of a dry towel upon which a little cosmoline has been placed, taking care not to force it far back in the meatus; but it would be far better if he did nothing in the matter, but allowed only an experienced hand to conduct his case to a successful termination.

Treatment of Hypertrophy of the Tonsils by Ignipuncture.—The removal of diseased tonsils, by the help of the finger, ligature, cauterization by caustics of the actual cautery, are all methods which have fallen into disease. In Europe, the bistoury only records a few partisans, amongst whom is one of great authority, M. de Saint-Germain. The treatment now a-days most in favor is excision, performed with a guillotine, which has given rise to very serious and often fatal hemorrhages. It is now alleged that, with the thermo cautery, this serious accident is no longer to be dreaded. M. Krieshaber, who has tried it during two years, and has collected more than forty cases (*Annals des Maladies de l'Orreille et du Larynx*, July, 1881), has never had any accident after this treatment, and the results obtained have been lasting. It is likewise a novel application of a method which he has found perfectly successful for granulations of the larynx and pharynx. He proceeds as follows: The patient is placed, firmly, if a child, as if for laryngoscopic examination, in front of the operator, the mouth open, the tongue held back by a large spatula, the bottom of the throat well illuminated. M. Krieshaber generally uses Paquelin's narrow-pointed thermo-cautery, heated to red-heat. When it is only required to modify the nutrition of the gland, he gives preference to Trouve's polyscopic galvano-cautery. The puncture of the gland, made as deeply as possible with the point of the instrument, should be repeated five or six times at each sitting. An interval of two or three days is left between the sittings, so as to allow the fall of the eschar, and to estimate the result. The operation is not at all painful, and pain, from burning, is rarely felt. Nothing need be administered after the operation, except, in some cases, a gargle of warm water, slightly carbolized.—*Medical Gazette.*

Boro-Glyceride a New Antiseptic Compound.—Professor Barff (*Medical Press and Circular*) after referring, before the Society of Arts, to labors extending over some years, stated that he turned his attention to the employment of boracic acid, which was already known to have antiseptic qualities, difficult, however, of application, owing to its insolubility in water. By heating boracic acid with glycerine a substitution product was obtained, in which glycerine united with boracic acid forming a glyceride analogous in composition to natural fats. This substance forms a glacial mass, soluble in water, and having powerful antiseptic qualities. The method of preparation was as follows: Glycerine was heated to a high temperature, and boracic acid was added as long as it dissolved, the proportions being 92 parts of glycerine to 62 of boracic acid. When this was allowed to get cold, a white crystalline compound formed, which disappeared on further heating. Water was evolved during the whole of the operation, and at last when steam ceased to be given off, the mass set into a hard, ice-like substance, and it was found to have lost in weight exactly 54 parts, which corresponds to the weight of three molecules of water. Thus it appeared that all the hydroxyles in the glycerine had united with the three atoms of hydrogen in the hydrated boracic acid, and that the BO_3, that is anhydrous boric acid, had taken their place, forming $C_3 H_5 BO_3$, which is (as has already been stated) analogous in its composition to a natural fat, BO_3 taking the place of the fatty acid. The innocuousness of the compound had been proved by the fact that milk treated with it had been used at a college near London, containing 300 persons, during the whole of the summer months last year without anyone suspecting the presence of anything unusual. The milk kept perfectly sweet during the whole of that period. A lady had taken cream prepared with it every morning for a year and a-half. The boro-glyceride, which is the new preservative, is mixed with about 50 times its own weight of water. The original cost is small, and thus the diluted mixture sold in commerce can be produced at less than 1s. per gallon. A gallon thus sold will preserve as much meat as can be surrounded by it in any containing vessel. It can be used by untrained persons, and the same liquid may be employed over and over again. The practical success of the system was manifested by a number of specimens treated at home and others sent from Jamaica, all of which were in a perfectly fresh condition, and retained their natural distinctive flavors. Among the specimens received within the last week from Jamaica were fresh turtle, oysters, and fresh pigeons, all of which were cooked and tasted by the audience.

Potassium Iodide in Non-Syphilitic Diseases of the Nervous System.—Dr. Séguin read a paper on this subject at a recent meeting of the New York Hospitals Neurological Society, and stated that the mere fact that iodide of potassium was of service in nervous affections did not prove the latter to be of syphilitic origin. He related three groups of cases, the first of which consisted of instances of organic or 'coarse' cerebral disease. One of these occurred in a boy aged 9, in whom eventually a sarcomatous tumor was found pressing on the left crus cerebri and left side of the pons. The symptoms had been, first, paresis, and afterwards paralysis of the right arm, also of the sixth cranial nerve, staggering gait, and optic neuritis. Blisters behind the ear and iodide apparently did good, although we must not lose sight of the fact that cerebral

tumors occasionally make remissions of symptoms without any treatment. In the second case, likewise that of a boy, a fibro-sarcomatous tumor was found in the cerebellum, and had pressed on the venæ Galeni, causing hydrocephalus and separation of the lambdoid and sagittal sutures. The tumor could, during life, be felt in the right occipital region, and pulsated synchronously with the heart. There were exophthalmos, choked disc, and feeble gait, but no paralysis. The patient improved under large doses of the iodide (90 to 150 grains *per diem*), but dried some months afterwards. In another case of cerebellar tumor, a remission occurred which lasted four years. The cases of the second group were one os hemi-paræsthesia, which was cured by the iodide but the patient afterwards died of paralytic dementia; another of paralysis of the third cranial nerve, with ataxy of the limbs, in which some improvement seems to have taken place at first, while latterly it was but slight; and one of right hemi-epilepsy with aphasia, which recovered in two months under the influence of the iodide. The cases of the third group were all of basilar meningitis, and recovered under the same treatment. Dr. Séguin claimed them as non-tubercular, although one had a suspicious history, one brother having died of phthisis, and another brother of brain-fever. In the discussion which followed, most of the speakers corroborated the benefit of the iodide in non-syphilitic cases, Dr. Amidon considering that in tumor, not the neoplasm itself, but the circulation in its neighborhood, was influenced by the drug.—*London Med. Record.*

Pott's Disease—Can it be Cured?—In answer to the question, "Can Pott's disease of the spine, occurring in childhood, be cured without subsequent deformity?" the author goes into the question of the changes taking place in the body or bodies of the diseased vertebræ, and points out the fact that when there is a loss of substance it is never replaced. He quotes from Billroth that there are no instances to be found in which the substance lost through caries of the bodies of the vertebræ is replaced. Every author states that the cure is through anchylosis. If one examines a case in which the disease has been confined to one bone, its body and the adjacent vertebral cartilage are found to have melted away, the upper sound vertebra has descended so as to rest upon the first lower sound one, the spinous process has become prominent in the dorsal aspect, and the whole is finally consolidated by ossific transformation. It will also be found that the change in the shape of the spine is produced by a change in the position of the body of the vertebra. When, then, the body melts away, there is nothing left to influence its spinous process. In a growing child the spinal column increases in length like a long bone. Each segment has two epiphysal laminæ. In the destruction of a single vertebra and its adjoining intervertebral cartilage we not only have the epiphysal lamina destroyed, but, by the loss of the cartilages, we lose the lamina of the sound vertebra; so that, while the disease proper is confined to a single bone and two cartilages, the arrest in growth has extended to four ossific centers. From the moment of the onset of the disease to the time when the patient has attained his fullest development two processes must be at work—one of steady expansion and growth, the other of fixation, hindrance, and opposition. The arms, legs, and unaffected structures push onward to seemingly undue proportions, while the consolidated vertebræ and ribs distort, with firm and tireless grasp, all contiguous parts. The affected bones, fixed at an angle, control the development of the trunk and lift the scapulæ and shoulders. He asks if there is any escape in art or science from this, and answers, "Not unless we can effect a cure without anchylosis; not unless we can supply lost structures; not unless we can impart to scar tissue all the activity that healthy structure has." Spinal disease does not depart from the law of other parts of the economy as regards loss of substance. The arrest of the disease is at best a compromise, and it is all that we can do. One who has conducted a case to a successful issue—who has restored the patient to health and activity—has done all that medical skill can do.—*N. Y. Med. Jour. and Obstet. Review.*

Hypodermic Use of Ether in Puerperal Hemorrhage.—Dr. Parvin advocates the hypodermic use of ether in puerperal hemorrhage, relating a case which he saw in consultation where such hemorrhage had occurred, the placenta not having been removed. The patient was seen two hours after delivery, and showed the usual symptoms accompanying post partum hemorrhage. Whisky and ergot had been given previous to his arrival without benefit. The patient's head was at once lowered and the accoucheur's hand introduced into the uterus. The placenta was found lying free in the uterine cavity, and, as contractions could not be excited, it was removed by hand. Water at 110°F. was then injected, but without response. A drachm and a half of sulphuric ether was then injected hypodermically in ten minim doses at intervals of from five to ten minutes. Friction and compression were also used, and satifactory contractions followed, until in half an hour the uterus had reached the normal size and firmness. The patient recovered, though her convalescence was slow. The author desires to emphasize the importance of compression of the uterus from the time the fœtus is expelled until the placenta is similiarly disposed of. Of all means for arresting hemorrhage by the production of contractions and stimulation of the prostrated patient, he considers the hypodermic use of ether the best.—*N. Y. Med. Jour. and Obstet. Review.*

Chlorate of Potash.—In a fatal case of poisoning by chlorate of potash Ludwig made a chemical analysis of the blood, urine, and contents of the stomach. The expected fact was discovered that the chlorate was completely reduced in the organism and transformed into chlorate of potassium. The blood was changed as it is by phosphorus and arsenic. The urine was cloudy, acid, and gave a deposit of blood-corpuscles and large granular tube-casts. It is suggested that the salt is decomposed in the kidneys by the acid urine, free chloric acid being formed, which causes the changes in the urine.

Binz has asserted that organic substances—such as yeast, blood, fibrin, etc.—especially when undergoing putrefaction, are capable of reducing chlorate of potassium.

This case would seem to give support to the theory, now generally rejected, that this salt acts by giving up its oxygen to the blood.—*Louisville Medical News.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, MAY 25, 1882. No. 10

Editorial.

Michigan State Medical Society.

The seventeenth annual meeting of the State Medical Society was held at Ypsilanti, on the 10th and 11th inst. Circumstances had indicated an attendance more than usually large, but in this there was disappointment, due to inclemency of the weather. The number present was, however, sufficiently large to make the meeting interesting, by ensuring the usual differences of opinion so essential to debate. The meeting differed from some of its more immediate predecessors in the harmony and good fellowship which prevailed. This feature of the meeting was one on which the members are to be congratulated. It is true there were some present who carried with them the soreness which results from chastisement, and who sought to impress others with a sense of their importance by the assumption of the grim visaged countenance, but their number was few, and the general spontaneity of generous impulse but served to make these individuals the more ridiculous and the more to be commiserated.

The character of the papers presented might be adjudged as above the average, while in one or two instances, they were of a nature which would reflect credit on a much more pretentious society. Dr. E. P. Christian, of Wyandotte, read a paper, giving the history of three cases of mal presentation. He held the erect posture of the human female responsible for the larger proportion of mal presentations in her as compared with like accidents in inferior animals. The paper was thoughtful and suggestive. Dr. Burr, of Pontiac, discussed, in a paper, the causative relations between masturbation and insanity, holding that these relations are frequently intimate. The insanity due to this cause, he intimated, is usually characterized by heightened religious feelings. He illustrated his point with numerous cases. Dr. Leartus Connor read a paper, giving the details of an interesting case of cerebral tumor in which the post mortem confirmed the diagnosis. "The After Treatment of Laryngo-Tracheotomy in Croup and Diphtheria," was the theme of a paper by Dr. H. J. Reynolds, of Orion, in which he argued the necessity of the strictest attention to the matter of keeping the canula clear by the physician himself. It is a matter which should not be left in the hands of an untrained person. The address of the president, Dr. D. H. Jerome, was replete with interesting reminiscences, and made an eloquent plea for "the higher medical education." Dr. Stowell gave an exhibition of microscopical specimens. Dr. Foster discussed in a carefully prepared paper, some of the aspects of suits for malpractice. At the close of Dr. Pratt's paper, Dr. Maclean, of Ann Arbor, volunteered the information that he had never knowingly or intentionally instigated a suit for malpractice, and he hoped that certain references in the paper were not pointed at him. Dr. Wade, of Holly, presented an exhaustive and carefully prepared paper on "Antisepticism in the Treatment of Disease." Dr. T N. Reynolds, of Detroit, pleaded, in a paper which he read, for cool air is the treatment of measles and scarlatina. Dr. E B. Ward, was funnily disposed and gave vent in a "pome." Dr. Eugene Smith, of Detroit, gave a very practical paper on "Inflammation of the Internal Ear." In it he pointed out sources of great danger too frequently overlooked by the general practitioner, in such inflammation, and insisted on the necessity of prompt and decided treatment.

The papers above mentioned were, as we have already said, of merit and we trust that the delay which has heretofore attended the publication of the annual report will not operate to keep them from the profession as long as it has so often done. The question of giving the writer of a paper the privilege of publishing it where he might elect, previous to its appearance in the published proceedings of the society elicited a free discussion. The secretary accounted for the delayed appearance of these proceedings by the tardiness of members in returning proofs and in some instances by their remodelling of their papers before publication. If members were as prompt as it is possible for them to be in most instances, the proceedings could, he said, be published within thirty days. With a view to remedy this evil of delay and also to permit of a member's publishing his paper before its appearance in the society's report the secretary introduced the following resolution which was unanimously adopted: "Resolved, 1. That papers read before this society, shall be referred to the committee on publication within sixty days, shall at the close of the session be placed in the hands of the society, ready for printing. 2. That any member reading such paper before the society, be allowed to have such paper printed in any reputable medical journal, under the statement: 'Read before the Michigan State Medical Society, and printed in this journal with the consent of the society.'" We are of the opinion that the resolution as adopted will stimulate some to present papers at future meetings who have heretof re been unwilling to have their efforts practically buried in the annual report.

The election of officers for the ensuing year resulted in the choice of the following:

President—Dr. G. W. Topping, of DeWitt.
1st Vice-President—Dr. S. S. French, Battle Creek.
2nd Vice-President—Dr. Hugh McColl, Lapeer.
3rd Vice-President—Dr. L. W. Bliss, Saginaw.
4th Vice-President—Dr. A. Stevenson, Adrian.
Secretary—Dr. G. E. Ranney, Lansing.
Treasurer—Dr. A. R. Smart, Hudson.

American Origin of Syphilis.

A late number of *Lyon Medical* contains an article by Dr. Rollet which is intended to revive the old theory of the American origin of syphilis. Touching this question the Abbe Raynal, distinguished as one of the ablest philosophers and nistorians of his day, wrote many years ago the following, which we do not recollect to have seen elsewhere:

"The Spaniards found in America that the men were in general addicted to that shameful kind of debauchery which shocks nature, and perverts animal instincts—more easy to be conceived than explained with decency. Those hunting parties, in which the men were frequently absent from the women for whole months, contributed to familiarize men more with each other. This vice is, therefore, in these countries nothing more than the consequence of a universal and violent passion, which in civilized nations tramples upon honor, virtue, decency, probity, etc. There are some actions to which civilized people have with reason attached moral ideas, which have never entered the minds of savages. The arrival of the European raised new ideas in the American women. They threw themselves without reluctance into the arms of these libidinous strangers. The women who had been hitherto too much neglected, boldly trampling on the carcases of their children and of their murdered husbands, went to seek their destroyers even in their camp, in order to entice them to share the ardent transports with which they were devoured. To this licentiousness and vice the Spaniards have attributed the origin of a disgraceful and destructive disease, which is generally thought to have been unknown in Europe before the discovery of America."

The general tone of the Abbe's writings does not incline one to the belief that the Spaniards were any purer in morals when they arrived in America than were the people they discovered. The discovery of the lesions in the skulls of Egyptian mummies, said to be peculiar to bone syphilis, is strong evidence of the pre-Columbian origin of the disease. The question of the origin of syphilis is by no means threadbare. But we believe that those members of the profession who have given it most thought are quite unanimous in opinion that syphilis is probably as old as man's moral nature—whatever that may be.

Specialists and Ovariotomy.

The question is asked are specialists honest? Are they not biased in presenting their opinions so that unalloyed truth is destroyed and made to serve them a peculiar purpose. After a practitioner has scored his half dozen cases of ovariotomy he suddenly decides that ovarian cysts ought not to be tapped. Further, he is very apt to preach that no one should attempt the operation unless he has had great experience. One may justly question the wisdom of these remarks in view of the facts.

Scarcely a practitioner of two years' experience but can recall cases of ovarian tumors that have been materially benefitted by the operation of tapping.

Those cases, too, in which the tumors have been removed by abdominal section, after tapping has been repeatedly performed, seldom exhibit adhesions and signs of inflammation about the point where the trocar was introduced. True, the operation of tapping holds out the merest shadow of chance of cure, but it is often of great benefit in mitigating the symptoms, confirming the diagnosis and preparing the patient for the ordeal of operation by section of abdomen,—a procedure which is an ordeal notwithstanding the mortality may not be 15 per cent. A careful review of the causes which lead to unfortunate results from ovariotomy gives the simple operation of tapping but a small share of blame. We do not wish to charge it, but it looks quite human for the specialist to seek a cause for the fatality of his operation that would lift in some measure the responsibility from his shoulders, and we believe that motives of this kind are at the bottom of much of the bad surgery attributed to tapping.

It is an injustice to the practitioner who has given his patient the only possible means of relief before she would consent to the operation, to say that the fact of tapping having been several times performed is going to determine a fatal issue in the case. Another motive for the remark that tapping is always injurious and ought never to be performed is to keep the ovariotomy in the hands of the specialists who would have every distorted abdomen turned over to them to dictate the treatment.

There is no foundation for the statement that only men of great experience should attempt ovariotomy, as all who have operated are quite ready to testify. These men appear to forget that surgery has attained that degree of excellence in the United States that the country embraces scarcely a respectable village that has not a successful ovariotomist.

We do not think the promulgation of views which admit of so much bias is the proper thing to do in the presence of students. It tends to discourage independent research and self-reliance,—important factors in the make up of a practitioner.

Professional Amenities.

The season for interchange of social pleasures at the meetings of the various medical associations has arrived. The average practitioner packs his satchel, leaves his practice in the hands of his least thrifty neighbor, and starts off to attend the annual meeting of his State or the National association. The con-

tinuous round of social pleasures presented by these meetings makes them draw. The debates, often upon stale subjects, indulged in by the lions of the profession, rivet the attention, enlarge the understanding, and insure the attendance of the general practitioner. Without his presence there could be no State or the National association. No one would go. Prof. A, of New York, would not care to tell Prof. B, of Philadelphia, that fractures of the femur are very apt to result in shortening, if the general practitioner were not present to hear him say it and admire his skill as a debater and advocate of scientific methods in the treatment of fractures. Prof. B, of Philadelphia, would not care to reply to the vigorous English of the gentleman from New York if he was not sure that the general practitioner would be greatly interested in learning that often one limb is shorter than its fellow, and that what Prof. A, of New York, said was shortening due to fracture of femur was nothing more than asymmetry of limb, of very frequent occurrence but often overlooked. The specialist would not leave his family and forego the pleasures of the White Mountains or the seaside were he not certain that he would find opportunity at the State and National meetings to air his grandeur before the general practitioner. This latter gentleman will enjoy the feats performed by the trick horses. He will be delighted when Professor C takes him one side and tells him the secret of Professor D's apparent success. He will be informed that Professor D is a duly accredited delegate and therefore entitled to parade the consequent honors and emoluments, "but he is, by no means, a representative of the profession in our city." All this and more the general practitioner will appreciate, and may, when he returns home, enjoy telling his students and neighboring practitioners how the distinguished gynæcologist from —— drank a dozen bottles of champagne at the banquet and that his address on the prevention of pregnancy was listened to by everybody.

The American College Association.

This association convened at Cincinnati, on the 16th inst., it having been deemed desirable to hold the meeting in advance of the meeting of the American Medical Association, in contravention of what has heretofore been the custom. There were eleven colleges represented and these constituted a good working quorum under the rules. The immediate question which demanded attention, and to answer which the association was indeed called together, was whether it was advisable or expedient for the colleges comprising the association to go on to exact three courses of lectures of six months each, as they should be obliged to under a resolution adopted a couple of years ago, and which should become binding with the opening of the approaching regular courses of lectures. It was decided that the time is not yet full for this step forward, and a resolution was adopted which rescinded that which provided for the advance next fall and gave in its place one which exacts but two five months' courses with a year's previous study under a preceptor (?) as the requirement for graduation. *Sic transit gloria mundi.*

Miscellany.

How to Detect Arsenic.—During the trial of the Malley brothers for murder, at New Haven, Conn., Prof. R. H. Chittenden, instructor in physiological chemistry, Yale College, testified as follows:

I made a chemical examination in a room in the college to which no one had access but myself. The doors were doubly locked, and, in my absence, sealed. On the 16th of August I opened the jar labeled 'Stomach and œsophagus.' I poured the contents into a clear porcelain dish. They weighed 603 grammes, or 1 pound and 5 ounces and 118 19-100 grains avoirdupois. The fluid contents had the odor of alcohol, and were distinctly acid in reaction. The stomach had already been opened. Nothing abnormal was observed in its lining. I then sampled the mixture preparatory to analysis. I cut the stomach into small shreds, transferred them to a mortar and ground them into a liquid mass. I next weighed off from this mixture 266 grammes, equal to 9 ounces and 167 2-5 grains. I subjected this to evaporation or distillation at a gentle heat. In the distillate I could detect only alcohol. I examined the residue for organic or alkaloid poisons. All the the residue retained failed to give any reaction to to chemical reagents, or when given to animals. I found no trace of organic or alkaloid poisons. Sometimes they can be obtained by physiological tests when chemical tests fail. Eighty-eight grammes, or 3 ounces 45½ grains, of this stomach mixture were then weighed out, and tests were applied for mineral poisons. They revealed traces of a substance bearing a resemblance to arsenic. It was got in the form of a dark metalic body."

The Professor stooped down and raised a mahogany case filled with little glass vials, all numbered. It was similar to the one used in the Hayden trial. He laid it on the Judge's bench. It was afterward transferred to the table in front of the jurors. Glass bulbs and tubes, a Marsh apparatus, an alcohol lamp, a porcelain bowl, vials filled with acids, and other chemical paraphernalia on the District Attorney's table. A white rubber tube connected it with the gas bracket over the witness box.

"In addition to the substance bearing a resemblance to arsenic, I got seven milligrammes of oxide of iron," he said. "I calculate that the stomach and contents contained 739-1000ths of a grain of this oxide. I dissolved it in hydrochloric acid, making it chloride of iron. It is the fifth exhibit (pointing to a vial in the mahogany case). I next identified the arsenic, and ascertained the amount. I weighed out another 100 grammes of the stomach mixture, 3 ounces 230 3-5 grains. I weighed it in a porcelain

bowl; 223 centimeters of nitric acid were added to the mixture. I placed the bowl in an air bath, heated at 150 degrees, nearly 380° Fahrenheit. In this way all the tissue was dissolved and converted into liquid. The arsenic present was converted into arsenic acid. This heating on the air bath was continued for nearly two hours. The liquid then took on an orange color. I am particular in detailing this operation because in this work I have repeated it nearly sixty times. When the orange color appears, three cubic centimeters of pure sulphuric acid is added to the mixture. This produces a very violent oxidation or combustion.

"The organic matter of the tissue is converted into carbonization like charcoal. The arsenic acid still remains. While still heated, eight cubic centimeters of pure concentrated nitric acid, were drop by drop, added to the mixture. The mass was then heated fifteen or twenty minutes longer. The destruction of the organic matter was then complete. A dish containing the carbonaceous matter was then filled with distilled water. It was allowed to soak twenty-four hours. In this way the arsenic, as arsenic acid, is dissolved out of the water, and the carbonaceous matter left undissolved. The clear solution containing arsenic, with a little coloring matter, is then evaporated to dryness, being heated by steam. The residue contains all the arsenic originally in the tissue. This residue is then dissolved in very dilute sulphuric acid. This solution is then gradually introduced into the Marsh apparatus. In this apparatus (holding up a bulbular glass instrument), thirty grammes of pure zinc alloyed with a little platinum, is placed. Then a small quantity of sulphuric acid is poured in, which, acting on the zinc, generates hydrogen gas. This gas issues from a tube like this (attaching a glass tube like the spout of a pump to the Marsh apparatus). It then passes through this tube (exhibiting another tube), called the chloride of calcium tube. This dries the gas, and frees it from moisture. The gas then passes through a longer and smaller glass tube (showing it), and finally issues in a jet, which when lighted gives a colorless flame. When the apparatus is filled with hydrogen gas, the substance under examination for arsenic is poured into the upper bulb of the Marsh machine (showing bulb). A glass stop cock (illustrating) is then turned, and the fluid flows, drop by drop, into this lower bulb, into which the hydrogen is being constantly evolved. In this manner the solution containing the arsenic is brought into contact with the hydrogen. The arsenic combines with the hydrogen, forming a gaseous compound, called arseniureted hydrogen. The arseniureted hydrogen ultimately passes through this narrow glass tube (showing tube). This tube is placed over a small glass furnace (exhibiting a furnace). By the action of these three lights (showing lights in furnace) six inches of the tube are heated to a red heat. As the arseniureted hydrogen passes through this six inches of tube, it is decomposed into metallic arsenic and free hydrogen. The hydrogen passes off, and the metallic arsenic is deposited at the cold end of the tube. The apparatus is allowed to run until the zinc is completely dissolved. This usually takes from three to four hours. It depends upon the rapidity with which the gas is evolved. As the first portion of the acid flows into the bulb a second portion of stronger sulphuric acid is added, and allowed to flow under the zinc. Lastly, a third portion of still stronger sulphuric acid is added. These serve to completely change the arsenic into arseniureted hydrogen, and the entire amount of metallic arsenic is deposited on the inner surface of the glass tube. The apparatus is then taken apart, and the portion of the tube containing the metal is cut out with a file. (The Professor illustrated by cutting a tube with a file.) Thus a piece of glass is secured which contains all the metallic arsenic. The tube, plus the arsenic, is then carefully weighed. Then the incrustation of arsenic is dissolved by nitric acid. The tube is rinsed with water, and finally dried. It is weighed. The difference between the first and second weighing is the weight or the metallic arsenic. My hundred gramme sample of the stomach mixture, treated in this manner, gave a metallic deposit, which weighed 1 3-10 milligrammes.

"I calculate from my analysis of the 100 grammes of stomach mixture," Professor Chittenden continued, "that the whole 603 grammes contained 79-500ths of a grain of arsenic. I next verified the result already obtained. I dissolved the metallic arsenic in nitric acid, and evaporated the solution to dryness. It left a white residue. This residue dissolved completely in a drop of water. I then added a little solution of nitrate of silver, which gave a heavy brick-dust red precipitate of arseniate of silver, soluble in ammonia and soluble in nitric acid. I identified the substance as the white oxide of arsenic beyond the shadow of a doubt. It is the same as that sold at stores under the name of ars nic."

The Professor said that he next weighed out 106 grammes, or 3 ounces 323¼ grains of the sample stomach mixture, and treated it in the same manner as he had treated the preceding portion. He got from it 1 7-25 of a milligramme of metallic arsenic. This demonstration proved to his mind that the arsenic was evenly distributed. There still remained 43 grammes of this sample stomach mixture. He oxidized this in the same manner, and obtained from it metallic arsenic. He proved it by a different process from the first. He used various processes in proving his demonstrations, with the same result. The arsenic was always there. The liver, kidney, heart, lungs and spleen, brain, trachea, diaphragm, and intestines were similarly examined. The total amount of arsenic obtained from these organs was 1 grain and 847-5000ths of a grain.

AMERICAN MEDICAL ASSOCIATION.—The following circular is of seasonable interest:

ST. PAUL, MINN., May, 12, 1882.

DEAR DOCTOR:—In anticipating the meeting of the American Medical Association in this city on

the 6, 7, 8 and 9 of June, prox., the committee of arrangements have secured the following rates from the various railroads centering at this point:

The Chicago, Milwaukee and St. Paul Railroad offers a rate of $12.50 for a round-trip ticket from Chicago to St. Paul and return, to delegates and ladies accompanying them upon presentation of credentials at general or depot offices in Chicago; also return tickets to all points this side of Chicago for one-fifth fare, on certificate from the chairman of the committee of arrangements.

The Chicago, St. Paul, Minneapolis and Omaha offer the same rates from Chicago and all points between Chicago and St. Paul; also from Sioux City and all points north. From Omaha and all points south, two cents a mile for round-trip tickets.

The Minneapolis and St Louis Railroad offers the same rates ($12.50) from Chicago to St. Paul and return, via the Chicago, Rock Island and Pacific Railroad, and a rate of $18.00 from St. Louis to St. Paul and return, via St. Louis, Chicago, Burlington and Quincy Railroad (via Albert Lea) Also one-fifth fare returning to all intermediate points.

All tickets on above roads good till July 10th.

The St. Paul, Minneapolis and Manitoba Railroad will give passes to every delegate and to ladies accompanying them, over all divisions of its road, good for the entire month of June. Their road runs through the celebrated Red River Valley, and the great wheat farms to Winnipeg. It connects Minneapolis and Lake Minnetonka (the largest watering place in the State, with four large hotels,) with St. Paul.

The Northern Pacific Railroad will return all delegates for one-fifth fare, and offers free transportation for the month of June to delegates and ladies accompanying them, to the Yellowstone Valley and return.

The St. Paul and Duluth Railroad offers free passes to delegates and ladies accompanying them, over their line to Duluth on the north shore of Lake Superior and return.

The two lines of river packets, viz.: The St. Paul and St. Louis Packet Co., and the Diamond Jo line offer one-half transportation rates from all points to or from St. Paul. (They charge full rates for berths and meals.)

The Lake Superior Transit Co. offer the following rates:

Buffalo	to St. Paul,	one way.....	$27.10
"	" "	round trip.....	47.20
Erie	" "	one way.....	25.40
"	" "	round trip.....	45 60
Cleveland	"	one way.....	23.75
"	" "	round trip.....	39.20
Detroit	" "	one way.....	21.20
"	" "	round trip.....	35 20

Meals and state rooms on steamers are included in the above rates.

The above company have also offered a complimentary excursion down the lake and return, from Duluth, one day immediately after the meeting.

The hotels of St. Paul are the "Merchants," ($3 to $3.50); "Metropolitan," ($3 to $3.50); "Windsor," ($2.50); "Clarendon," ($2.50); "Sherman," ($2.50); "International," ($2.00); "St. James," ($2.00); "Commercial," ($2.00). The three first are provided with elevators.

The Opera House, in which the general session will be held, seats a thousand persons.

Minneapolis, a city of sixty thousand, lies nine miles from St. Paul on the line of the St. Paul, Minneapolis and Manitoba road, and has fine hotel accommodations. Half-hourly trains connect the two cities. Trains run almost hourly to and from Lake Minnetonka. Very respectfully,

ALEX. J. STONE,
Chairman Committee Arrangements.

PRECAUTIONS IN REGARD TO OVARIOTOMY, "A MEMBER OF THE STATE MEDICAL SOCIETY" sends us the following: Are we to have a new dispensation in the matter of ovariotomies? The profession has been deeply impressed with the importance of the strictest attention to detail and cleanliness in the operation for the removal of ovarian tumors. Amid the wreck of Listerism and all the other isms looking towards antisepsis, the device "absolute cleanliness" has been borne aloft by all who have made great records as ovariotomists. Spencer Wells, who has performed his thousand operations, inculcates cleanliness as a cardinal virtue, and Keith, *par excellence* the most successful ovariotomist of any age, attributes his success to the elimination of every possible source of infection from the surroundings of the patient. Keith makes a careful scrutiny into the condition of every attendant and witness of the operation. Any one who has attended a case of erysipelas, or puerperal fever or other septic disease within a period sufficiently long to permit of personal disinfection, is not allowed to even enter the room. The remarkable success which has attended his operations has aroused the ovariotomists of all lands to the importance of attention to his minutiæ.

In view of the above facts I, with many other members of the State Medical Society, was somewhat startled when the professor of surgery in the medical department (regular) of the University of Michigan, gave carte blanche invitation, admission free, to the society at its late meeting to attend his exhibition at the University hospital. His announcement that he would on that occasion perform the unprecedented feat of turning a double somers ——, I mean removing two ovarian tumors at one sitting, amid the glare of red lights and the cheers of enthusiastic clacquers, was very taking. I, with some thirty other members of the society, could not resist the temptation, although I could not swear that we had neither been in a dissecting room nor attended a case of erysipelas or puerperal fever, within even twenty four hours last preceding the hour for the operation. It is, furthermore, more than probable that there were in attendance some who at that time had cases of small-pox in their practice.

We had gone to Ypsilanti to attend the annual meeting of the State Medical Society, but the temptation to neglect our legitimate duty on the occasion and to go up to Ann Arbor to sit at the feet of this countryman of Keith, and give him an opportunity to show us how to perform an ovariotomy, was too strong to be withstood. The room was packed to repletion with physicians and students; among the former there were presumably some whom Keith would have excluded, and among the latter there were presumably many who had crossed the campus from the dissecting room within the previous twenty-four hours.

Are we to infer from the above facts that a new dispensation has dawned? Are Keith's and Wells' and Bozeman's and Sims' precautions superfluous? Or, being important, are they not sufficiently so to stand in the way of an opportunity for a professor in the University of Michigan to instruct the State Medical Society?

What is Crede's Method? Why Does the Nursing Woman Not Conceive?—A correspondent, who is evidently an honest enquirer, requests an answer to these questions. Crede's method is a method advocated by one Crede to assist the uterus in its efforts to expel the placenta. It consists in seizing the uterus between the fingers and thumb throught the abdominal walls and thus expressing the secundines, as one would squeeze a pit from a cherry. It is one of the best means to this end that we know of and has come to supplant the mischievous practice of pulling on the cord. Recent reported experiments are very flattering to its efficacy. Fehling employed it in ninety cases, and has compared the results with those in ninety-five cases in which the placenta was allowed to come just as nature expelled it. The average loss of blood in the first ninety was ℥ v gr., and the time required for the expulsion of the placenta 7.7 minutes. In the cases left to nature the average loss of blood was ℥ vii, 7-10, and the time required to expulsion was 13.4 minutes. In eighty-five of the ninety cases of Crede's method the membranes came away entire, and in ninety-one of the ninety five other cases they came away intact.

In regard to the second, we are not quite certain that lactation does prevent conception, although it is unusual for the woman to conceive while she is nursing. Every practitioner of experience must be familiar with cases in which the child has been weaned because of pregnancy, and not so much on account of a cessation of lactation as because of a popular belief that the coming infant needed the milk for its sustenance in utero. It may be that so much of the blood is required to keep up lactation that there is usually not enough left to rupture the walls of the Graafian vesicle and thus permit the ovum to escape to where it can come in contact with the spermatozoa. In not a few cases, however, there is no such deficiency of this ovarian supply and the woman conceives within three months of her parturition and while she is giving a plentiful supply of milk to a vigorous child.

Guiteau's Case.—The end of Guiteau's earthly pilgrimage draws nigh apace. His counsel have in vain exhausted all the means known to the law to prevent, or to postpone the date of, his hanging. In all human probability he will suffer a dislocation of his cervical vertebræ, or a fracture of the odontoid process of his axis, at the date specified in his sentence. The latest method adopted to defer the catastrophe is the circulation of a petition of which Dr. Geo. M. Beard, of 52 W. 34th street, N. Y., "has kindly consented to take charge," to which petition the names of physicians are solicited, asking the President to stay the execution. The grounds for this request are these: 1st. The claim "that for twenty years Guiteau has been hopelessly insane"; 2d. That under a right management of the case opinions would have been brought into court "which would have radically changed the character and probably the issue of the trial"; and 3rd. That "the instincts of all civilized nations are opposed to the hanging of the insane."

In the event of a stay of proceedings the petition asks for the appointment of a commission which shall be composed of such experts as did not testify at the trial, to examine into Guiteau's condition.

In our opinion the testimony of the experts at the trial was sufficiently conclusive that Guiteau is sane enough to be responsible for his act, and we must respectfully withhold our signature from the petition. Those of our readers who think differently may send their names to the address above indicated.

Success in Life.—*London Globe:* Success in life depends to a very great extent on a good digestion, a trustworthy set of nerves, and the power of being always "there or thereabouts" when the course is cleared. The time is rapidly approaching when an interview with a really pleasant fool will afford a most charming change and welcome relief from the most overwhelming knowingness and priggishness of our premature brethren. Nor is the mischief of the masculine gender only. The Juggernaut car of the driving and competitive system is crushing beneath its wheels many of our daughters and sisters. The female candidates for the "locals," the aspirants for the class-lists and the tripos, go in for a strain to which the average female organization is unequal. The way is strewn with wrecks, broken hopes, broken health; but we suppose that the great principle of the survival of the fittest will here assert itself, and that in a future day it will be said of some great light that "his mother was 'senior wrangler' bracketed with the Bishop of Banbury."

Red Sweat.—Dr. W. L. Hendershott, of Mill Shoals, Illinois, sends us the following experience: The following may be of interest in connection with an article on the subject of red sweat in a recent issue of the News. Last fall I treated a young lady,

of about fifteen, for typhoid fever. During the course of the fever the sweat was of a markedly red color and so profuse as to saturate her clothing, which was stained red by it. The duration of this peculiar color of the sweat was about two weeks. The patient was a blonde. Her attack of typhoid was protracted but not severe. She recovered in due time and is now restored to her ordinary health. There is now nothing peculiar about the color of her perspiration. I have no theory to offer for the occurrence of the fact.

In the *North American Review* for June, Senator W. B. Allison has a paper on "The Currency of the Future." "A Memorandum at a Venture," by Walt Whitman, is an explanation of his purpose and point of view in trenching upon topics not usually regarded as amenable to literary treatment. "Andover and Creed Subscription," by Rev. Dr. Leonard Woolsey Bacon, is a philosophical review of the present state of dogmatic belief in the churches. Hon. George F. Seward, late minister to China, in an article entitled "Mongolian Immigration," makes an argument against the proposed anti-Chinese legislation. Dr. John W. Dowling, Dean of the New York Homœopathic Medical College, comes to the defence of the Hahnemannic School of medicine, against a recent attack upon its principles and methods. O. B. Frothingham has a sympathetic article on Swedenborg. "Has Land a Value?" by Isaac L. Rice, is a criticism of one of the fundamental postulates of Henry George's political economy. Charles F. Lydecker essays to prove that a "National Militia" is a constitutional impossibility.

It would seem a rather late day to resurrect the Bliss-Baxter dispute in regard to the late President's case, but *Walsh's Retrospect* is published only once a quarter, and it will thus be excused for its last sally. It gives *fac simile* copies of letters from Dr. S. A. Boynton and Mrs. Garfield, under date of October 24th, 1881, denying in terms unequivocal, that Dr. Bliss had been employed by President Garfield. The later testimony but goes to corroborate the suspicion that Bliss worked his way in and maintained his position by the grace of cheek such as has seldom ever before been possessed by mortal man.

Dr. James A. Brown, a practitioner in this city of upwards of thirty years' standing, died at his residence on the 21st inst. after an illness of two years' duration. He was a man of much individualty, a prominent citizen, a successful practitioner, and genial gentleman. The profession of the city met at the rooms of the Detroit Medical and Library Association, of which the deceased was an ex-president, and passed resolutions of respect to his memory. At his request an autopsy was held. This revealed the cause of the paraplegia, which had existed for the two years preceding his death, to be an unsuspected caries of the ninth dorsal vertebra.

One Dr. J. A. Treat, of Stuart, Iowa, has discovered an "unkind and ——— mean innuendo" in the suggestion in our notice of Palmer's Practice in our last, that Professor Ford should publish a work on anatomy. Some men pride themselves on their ability to see through a two-inch plank, but for penetration of vision this Dr. Treat goes up head. It is really a treat to meet such a Treat. We assure the gentleman that there was no innuendo intended, and his discovery of one entitles him to prominence among those who draw on their imaginations for their facts.

A College for Medical practitioners has been organized in St. Louis. It will "teach medical practitioners, by practical instruction, the special branches of medicine and surgery." It contains twelve departments which are so arranged that special courses may be taken with the minimum loss of time. The Dean, Dr. Thos. F. Rumhold, 1225 Washington avenue, may be addressed for fuller particulars.

Oophorectomy has been made the basis of a suit for malpractice in Grand Rapids, Mich. It is claimed that the operation was uncalled for and bunglingly done, as the patient died. Ordinary surgical and therapeutical errors are becoming somewhat hackneyed, and new additions to the literature of malpractice seems to be considered necessary by people who have litigant feelings toward physicians.

Dr. Lamson, the American physician who poisoned his nephew with aconitia, in England, recently, was hanged on the 28th ult., notwithstanding the protestations on the grounds of his insanity, which went over the sea from this country. For the benefit of the protesters it may be stated that Lamson acknowleged his guilt just before his neck was encircled by the noose.

The Michigan State Board of Health has issued, in pamphlet form, a reprint of 30,000 copies of an article in the annual report for 1881, on the "Prevention and Restriction of Small Pox." It is a singularly apt condensation of the literature on this subject and contains in addition many instructive suggestions. Dr. Henry B. Baker, secretary, Lansing, will supply copies to those requesting them.

The French academy of medicine calculates that there are 189,000 doctors in the world. The United States have 65,000; France, 26,000; Germany and Austria, 32,000; Great Britain and Colonies 35,000; Italy, 11,000, and Spain, 5,000. Of the writers of 120,000 medical works, 2,800 are American; 2,600 French; 2,300 German, and 2,100 English. Pamphlets and memoirs are not included.

A local paper in the south alleges that a colored woman who during gestation was frightened by a circus Jumbo recently gave birth to a child with "a thick, rough, scaly exterior, and a long pendant ear. Its cries are low and plaintive like an animal and not like a human being."

A second edition of "Michigan and its Resources" has been issued. This plain statement of facts is sufficient to make the citizen proud of the Peninsular State. Mr. Fred Morley, Detroit, Michigan, will furnish a copy, gratis, to any one desiring it.

The doctrine of woman's rights is advancing apace. A female physician, in Indiana, who made a bad job of a male femur, which she had treated for fracture, has been sued for malpractice. Persevere, sisters!

"Polydipsia" has come to be the common name for thirst in Boston, and when the sensation is experienced the citizen resorts to a mixture of the protoxide of hydrogen and spiritus vini gallici to allay it.

Doctors are reported as scarce in Italy. Travellers complain of the difficulty experienced in securing proper medical service. In one case, an American lady taken ill with typhoid fever in Florence, it required the special interposition of the consul to get a doctor.

Dr. J. J. Woodward, president of the American Medical Association will not preside at the St. Paul meeting. He is abroad for the benefit of his health. He is now at Nice and the latest advices regarding his condition are far from encouraging to his friends.

Dr. H. G. Piffard writes us that the propositions concerning mercury in syphilis as appearing on page 141, May 10th issue of the NEWS, are there improperly accredited to him. It is to Dr. G. H. Fox, of New York, that the credit is due.

Dr John T. Hodgen, of St. Louis, and ex-president of the American Medical Association, died at his home on the 29th ult., after an illness of but twenty-four hours.

Superintendent Dr. John P. Gray, of the N. Y. State Lunatic Asylum, who was recently shot by a lunatic, has recovered from his wound.

Sir James Paget still suffers from the metastatic lung trouble, superinduced by his late blood poisoning. He is still at Nice.

Original Articles.

Laceration of the Perineum.

BY W. H. ROUSE, M. D., PH C., DETROIT, MICH.

[A paper read before the Wayne County Medical Society.]

The parturient woman is liable to numerous accidents, some of which have been carefully studied, and their history, pathology and treatment are well understood. There are others which seem to have received less attention than their frequency and importance merit. Among these, laceration of the perineum stands pre-eminent.

In conversing with physicians in ordinary practice, many of whom have numerous obstetric cases, a person might infer that rupture of the perineum was a very rare accident, as some of these would state, nothing of the kind had occurred in their practice. The excitement incident to the birth of a child, the quiet of the woman succeeding the expulsive throes of labor, and the impenetrable veil which surrounds the scene, combined, afford some excuse why the genital organs are not carefully examined in many cases after delivery. Hence many accidents of this kind are not observed, and from the fact that nature does much to repair the damages, not a few that are observed are not reported, though the statistics in regard to this accident are neither full nor reliable.

The extent of laceration of the perineum during parturition varies very much. In some cases it is so slight as to be scarcely perceptible, in others it extends to or even through the sphincter ani muscles into the rectum. In these severer cases the rent, in the distended condition of the parts, presents a rather appalling aspect, and is liable to cause the woman much inconvenience, probably suffering.

From convenience rather than from any essential difference in the nature of the rupture this accident has been considered under these three heads: 1. Laceration of the fourchette; 2. Laceration beyond the fourchette, but not into the sphincter ani muscles; and 3, Laceration into, through, or beyond the sphincters.

In civilized countries, where the head of the infant is relatively larger than among savage people, rupture of the fourchette occurs in the majority of primipara cases during confinement, but as this laceration causes little or no trouble, and seldom requires treatment, its mere mention will suffice.

When the rupture is more extensive, but the sphincter ani is not involved, the patient may suffer but little other than the soreness incident to the traumatic injury for some days, unless it be from hæmorrhage from the ruptured vessels. This hæmorrhage may be so free as to suggest post partum flooding, and, in the excitement, lead to error of diagnosis and of treatment.

Nature does much towards restoring the parts, but not unfrequently the assistance of art is required. As has been stated, rupture of the perineum is often overlooked—possibly intentionally at times—and the woman believing all right, goes about her ordinary duties in due time after confinement, but her back is weak, and after a little, "falling of the womb" or other "female weakness" is believed to be the cause of her troubles. In not a few cases the weakness is attributed to lactation, and medical relief is not sought till after the child has been weaned.

In the normal condition, the vagina is a closed canal, that is, its walls are in juxtaposition. When the rupture of the perineum is at all extensive the canal becomes patent from muscular contraction. The thick triangular body of tissue between the vagina and anus becomes obliterated, the normal supports of the womb from beneath are destroyed,

and displacement of the uterus—probably prolapsus—will soon result.

A case illustrating this condition came under treatment about a year ago. The woman, at confinement, had a rather severe labor, but, so far as could be ascertained, nothing unusual occurred. Some time after, while on the feet, the patient suffered from dragging pains in her back, leucorrhœa, and other troubles incident to disease of womb, but attributed them to carrying the child and lactation. When the child was weaned, no improvement resulted, but the ailment gradually became worse till the womb protruded beyond the vulva. Various methods of treatment were adopted and some relief, but no improvement was obtained. The womb, unless supported, would protrude; yet the patient while in the recumbent position could usually return it, and by placing a sponge or cotton in the vagina, retain it in place. Thus she lived a most wretched life.

In this case the rupture extended to the sphincter ani, and the vagina was distended. The vaginal and perinæal tissue could afford no support to the uterus, hence the procidentia.

Rupture of the perineum through the sphincter muscles is a rather rare occurrence, but as incontinence of the fæces usually results, the patient soon discovers there is something wrong, and relief is sought at the hands of the family physician, who will now find some difficulty in concealing an accident he failed to observe, or wished to conceal till nature had restored, if possible, the parts. Lacerations of this kind present a rather ghastly aspect; and, in consequence of the distended condition of the parts, appear much greater than they really are. They are attended with all the trouble and inconvenience of lacerations to the sphincter muscles with incontinence of fæces superadded, which render the life of the patient truly wretched.

The cause of rupture of the perineum is over distention due to too rapid advance of the head, abnormal frangibility of the tissues, shape of the pelvis, instruments, etc. The perineum is susceptable of a remarkable amount of distention, provided the time be sufficient. It is quite possible, too much time under pressure may impair the strength of the fibres, but this is believed to be unusual. Instruments are said to be a fruitful source of lacerations. Ergot is probably still more potent for evil, on account of the tonic contractions induced.

Various expedients have been recommended to guard against lacerations. Prominent among these are supporting the perineum, dilatation of the vulva, pressure on the presenting part of the child, restraining the voluntary efforts of the woman, anodyne, nauseating and depressing remedies, local applications, etc. Among these, supporting the perineum holds an important position. Pressure on or over the presenting portion of the child should retard its progress, and thus give more time for dilatation. The careful observer must have noticed that pressure on the perineum induces greater expulsive efforts, and thereby counteracts the efforts of the attendant. The pressure of the presenting portion of the child seems to be a similar stimulus, as evinced by the violent throes which terminate the second stage of labor. Pressure on the presenting portion of the child is probably a better method of retarding its progress than supporting the perineum. Much may occasionally be gained by traction at the rectum, so that there may be better opportunity for the head to pass the pubic arch with less pressure on the perineum.

Dilating the vulva with the hand or other means, before the head rests upon the perineum, and restraining the voluntary efforts of the woman, while the head is passing may be of much service. It is very common for the pains to subside a short time before the termination of the second stage of labor. and thus afford more time for dilatation. The attendant—at times, including the physician—become uneasy, and efforts are made to stimulate the pains without material benefit to the patient.

Nauseating and anodyne remedies are of great service in guarding against rupture, by their relaxing effects and by controlling violent voluntary efforts. Tartar emetic or ipecac often produce happy results, but the nausea and possibly emesis are not so pleasant. Opiates, chloral and chloroform are valuable in guarding against rupture and are much more pleasant. The warm sitz-bath—now too little used—produces in many cases of rigidity of the tissue good results. The local application of belladonna is highly commended, especially by French obstetricians.

Notwithstanding all the efforts of the accoucheur laceration of the perineum will occasionally occur. When the rupture is not extensive a wide bandage—extending to the knees—kept carefully adjusted for a week or two, will enable nature to restore the parts to tolerably good condition and other treatment may not be required. Lacerations to the sphincter ani are said to have healed kindly by this method.

When the laceration is extensive, and especially if it involves the sphincter muscles, the parts should be secured by sutures before the bandage is applied.

A difference of opinion prevails in regard to the best time to operate on the lacerated perineum—that is, whether it is best to sew it up immediately after the accident, or to wait till the lochial discharges cease. There are certain reasons in favor of both. but if circumstances are favorable, the immediate operation is to be preferred, and this is more particularly the case if the sphincter ani muscles are ruptured. 'Tis true, the operation may fail, but it leaves the patient in no worse condition than without it, and, if it does succeed, a great advantage is secured. In some cases the extreme prostration of the woman or the want of the necessary means at hand may preclude operative procedures, but under circumstances union here as in lacerated wound in other parts of the body, early and proper closing of the rent secures the best results.

As illustrating this point permit me to give the following:

A primipara, after suffering long, was delivered with instruments. The perineum was ruptured through the internal sphincter, and thus presented a rather ghastly appearance. The secundines were removed without difficulty, the laceration was secured by sutures, disinfectant lotions were applied, the woman was bandaged to the knees, and opiates given to confine the bowels. The bowels moved on the ninth day without medicine, the sutures were removed on the tenth, and the patient was permitted to sit up on the fifteenth, but the wide bandage was retained three weeks. The wound healed kindly and the results were most favorable. The woman is now around and suffering no inconvenience from the accident.

Detroit, May 4th, 1882.

Cases in Practice.

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Fracture of Femur.—Le. B , a boy of 16 years of age, attempted to pass under a wagon loaded with straw. He fell, and one wheel passed over the middle and lower third of the thigh, making a comminuted fracture of the femur. Muscular action upon the upper and lower portions of the bone rendered them sufficiently prominent to permit an easy diagnosis of double transverse fracture, the intermediate portion being freely movable and apparently not in osseous connection with either extremity of the shaft. A point of interest in this case arises in reference to the transverse nature of the fracture, a peculiarity incident to childhood and one seldom found in the adult, where the fracture is almost always oblique, and frequently so much so that we are rarely able to "set it" in the common acceptation of the term—that is, we cannot make the fragments set to support each other, hence, shortening almost invariably occurs in oblique fractures of the shaft of the bone, notwithstanding the many appliances made use of to prevent it. The powerful muscles in the region of the thigh—except in cases of paralysis of the surrounding parts and in transverse fracture—offer a serious obstacle to treatment of this fracture ever being referred to as a *chef d'œuvre* of the surgeon's art.

In cases of transverse practice, however, where the limb can be set and obliquity a feature incident to shortening absent, we can confidently look for good results.

In this particular instance, extension and counter-extension was made and the fragments manipulated until the proper juxtaposition was secured, a short splint applied to overcome the tendency of the upper fragment to displacement outwards from the action of pectinalis and gluteal muscles, the long splint secured in position, and in a short time union occurred without the least discernible shortening.

Comminuted Fracture of the Tibia and Fibula.—J B., æt. 20 years, healthy, muscular and free from congenital or acquired diathesis, came into my hands March last. He was assisting in the erection of an elevator, and was standing on an iron frame weighing 700 pound. sat a distance 12 feet from the ground, when the scaffolding gave way and he was precipitated to the floor, the weight of the frame falling upon the lower portion of the middle third of the tibia.

The great weight completely crushed both bones of the leg, and in one instance forced a small spiculum of bone through the skin over the tibia. On being released the young man himself pressed the limb into shape. The fractured bones were adjusted as perfectly as possible, placed betwéen sandbags, and the limb treated antiseptically. Considerable ecchymosis and other symptoms of severe contusion supervened, and a small quantity of pus formed. The faithful application of antiseptics, however, apparently aborted any extensive suppuration. After a period of eight or ten days the sandbags were removed and the limb placed in a splint designed by Dr. H. F. Lyster, enabling the patient considerable latitude in movements of the body, such as sitting or reclining in bed, without in any way compromising the treatment necessary to proper union of the parts affected.

At the time of writing, May 19, the young man is walking with the aid of a cane, and aside from a slight rigidity of the ankle, expresses himself as "almost as good as before." The external wound is closed and the provisional callous which encircles both bones appears to be gradually undergoing absorption.

Punctured Wound of the Abdomen.—H. L., a sawyer employed by the Pullman Palace Car Co., allowed a piece of edging from a board to come in contact with a circular saw, when it was thrown forward with great violence, the end of it striking him in the abdomen an inch and three-quarters to the left of the median line, and about three-quarters of an inch above Poupart's ligament. An examination of board showed very distinct traces of blood up to seven and a half inches from the extremity, and it appeared as if the stick had been deliberately immersed to that extent in the blood. It was triangular in shape, the sides at the extremity which entered the body measuring three-fourths of an inch, gradually increasing until at the end of blood-stain it measured one and one-fourth inches. On raising the question of penetration to the spine, as the measurement would indicate, I was assured by his fellow-workman that he "pulled it out," and that it was "sticking straight in." The wounded man presented every appearance of collapse from shock, his condition apparently confirming his fellow-workman's statement. On hasty examination I could not introduce the finger more than an inch into the wound, which threw a doubt upon the grave prognosis justifiable, assuming the statements made

to be true. The case here passed into the care of Dr. Lyster, in the Michigan College Hospital, and from the record I find the results to have been no more than those supervening on an ordinary flesh wound, the patient being discharged after one week's treatment in the hospital.

A question arises in connection with the subject of penetration. Did the workman falsify? and is the evidence afforded by the piece of wood in question misleading? I believe not. I am of the opinion that penetration to a considerable distance took place in some direction, either downward escaping important vessels and nerves, or upward as the following case, which occurred in the practice of Dr. Hal. C. Wyman, will exemplify:

A strong, robust negro fell from a load of hay and struck on a broken fork handle in such a way as to have it apparently enter the abdomen a distance of nine inches. The wound was dressed to prevent hernia, and the man was carried to his home where the bowels were kept in opium splints for six days. At the end of that time the cut in the abdominal wall over the pubis had healed and he was dismissed cured, a remarkable instance of recovery from penetrating wound of abdomen. Two weeks later, however, he called at the doctor's office complaining of swelling and severe pain midway between umbilicus and ensiform cartilage. The doctor examined and found abscess, which on opening proved to be within the sheath of the rectus abdominis muscle, and to mark distinctly the nine inches which the broken fork handle had penetrated.

Selections.

Enlargement of the Liver. — Sophia Roskey, 27 years of age, a native of Denmark, was admitted to the service of Dr. George A. Peters, at the New York Hospital, December 24th, 1881. The notes of the history are furnished by Dr. Vanderpoel, senior assistant surgeon. She applied in person for admission. No specific, alcoholic, or rheumatic history. Family history good. Four and one half years ago the patient was married; previous to that time had always been perfectly healthy and courses regular. Six months after marriage signs of pregnancy developed; menstruation ceased, was salivated, had morning vomiting, breasts enlarged slightly, and primary areola appeared. When pregnant three months, she sustained a fall of about four feet, striking the right side of the abdomen against some prominent object. Was taken immediately with intense pain, nausea and vomiting, and in about one hour a profuse bloody discharge appeared from the vagina. No membranes or evidence of a fœtus were observed, although the patient had well-marked labor pains. Discharge and pain gradually ceased, and two weeks after the accident she was up and about again. Two weeks later the patient had another attack of pain, with vomiting and a bloody discharge, which lasted but a few days. After she was perfectly well for about eight months, menstruation being quite regular, breasts had become smaller, and all signs of pregnancy had ceased.

Pains then, however, began again, and on examination a mass was detected on the right side, about half the size of the present tumor. This slowly grew, occasioning periodical attacks of pain, which occurred at about the time of her monthly illness. Her condition continued about the same for several years, until eight months ago the patient came to America, when the pains increased in frequency, and became more active, especially at night, lasting for several days. For the past month or so the attacks have occurred daily, with more or less vomiting, which, during the three or four days previous to admission, was streaked more or less with blood. Since the tumor appeared it has slowly, steadily, and uninterruptedly increased in size, and extended toward the median line in front. She has lost no flesh, and her bowels have been regular. No urinary symptoms, no pain during intercourse and no signs of pregnancy since the accident; suffers no backache or headache, and no œdema of the feet. Jaundice has never occurred, and patient is not hysterical. On admission she was fairly nourished; her general condition good. The above-mentioned symptoms were present, occurring every night; but she has no fever and her pulse is good. Examination showed an ill-defined mass situated in the right ilio-lumbar region, giving no marked fulness or swelling, and extending from within one inch of the umbilicus, where dullness began, almost as far down as the crest of the ilium below, and to the free border of the ribs above, where the dullness emerged into that of the liver. The lower limit corresponded with a line just above the anterior iliac spines, and the posterior with the axillary line. The size of mass from behind forward, six and one-half inches, and from above downward, four and one-half inches, the greatest breadth being anterior near the median line, giving a somewhat pyriform shape with the base forward. On manipulation, much pain and tenderness were experienced, and deep palpation gave an obscure sense of fluctuation. When the patient was upon the left side the mass falls somewhat in that direction, percussion that giving a somewhat tympanitic note from the intervention of the gut. Since admission the pains have continued and increased somewhat, and the amount of blood in the vomited material has also increased. She sleeps but little, although anodynes are administered in large quantities nightly. Patient is losing flesh. Bowels have been regular, and movements well formed. Urine is acid; its average specific gravity is 10.16; its color is amber; it contains no albumen, but a slight amount of mucus. Average amount passed daily twenty-seven ounces.

Autopsy: January 8, 1882, 11 A. M.—At the autopsy the body was anæmic, though fairly nourished, and rigor mortis was well marked. Very slight œdema in both lower extremities. In the right lumbar region there is an incision three inches anteriorly to spinous processes of vertebræ and running in a diagonal direction from the free border of the ribs to the crest of the ilium. Brain and membranes not examined.

Abdomen.—The right lobe of liver extends in the mammary line 12 ctm. below free border of ribs. Lower border of liver is on a level with anterior superior spine of ilium. Lower border of right lobe of liver is lacerated and hemorrhagic; remainder of surface that can be viewed without disturbing organ is anæmic. The transverse colon with its omentum lies two inches below umbilicus. The fundus of stomach occupies the left hypochondriac region; the most dependent portion (two and half inches above pylorus) is on a level with the umbilicus. The left kidney is about in the normal situation, its upper border being on a level with the plane of the fifth

intercostal inter-space on the anterior surface of the thorax, its lower border reaching to the plane occupied by the lower border of ribs in the axillary line. The right kidney extends between the same limits, but is half an inch nearer the median line.

Peritoneal cavity contained about six inches of blood. There were no evidences of peritonitis, but peritoneum in front of internal opening of above-mentioned incisions was stripped up for an area of about four square inches toward the median line, and the mesocolon of the caput coli and the ascending colon are hemorrhagic.

Ovaries.—Both ovaries enlarged. Right ovary, five inches by three and one-third inches; left ovary, three and one-half inches by three and one-half inches.

Liver. — Weight 1,500 grammes. Breadth at broadest part 21 ctm., of which lower lobe occupies 9. Length: Right lobe, from coronary ligament to lower extremity of lobe, 27 ctm; of left lobe, between the same limits, 16½ ctm. Liver presents on its anterior surface a marked transverse constriction. Lacerations are all at lower extremity of right lobe, and penetrate in places to a depth of two inches. On section the liver appears to the naked eye to contain a slight excess of connective tissue. Kidneys, intestines, spleen, stomach, and uterus, normal. Heart markedly fatty, as determined by microscopic examination.

Remarks.—Our failures as well as our successes should be published. Indeed, statistics are of little value, where only successful cases are recorded. The case of Sophia Roskey, which I have just read, teaches that accuracy in diagnosis is exceedingly difficult to secure. I was very confident that I had a case of hydronephrosis to deal with, in most particulars closely resembling the two cases which I have reported this evening. The history and the physical geography of the patient pointed in that direction. She was examined by all my colleagues —Drs. Markoe, Lands, Weir—and by many other surgical friends. After careful inspection, we all reached the conclusion, that it was a case of hydronephrosis, and a proper one for operation. In particular did all agree as to the existence of distinct fluctuation. In this case did I omit to make manual examination by the rectum for the reason that my patient was small and delicate, and complained of much pain, after but slight handling of the abdomen. This led us to think that the walls of the cyst might be thin, and in danger of rupture from such an examination. In this view I was supported by my associates. Had the examination been made, I very much doubt that it would have saved me from the error into which I fell. The hand, on being pushed up into the renal region, would immediately have come in contact with a body in that region in all respects, in so far as I can appreciate, resembling in feel and position an enlarged kidney. Possibly the absence of fluctuation might have been determined, in which case it is possible that the operation might have been done in view of that fact. When the incision let one down upon what was supposed to be the kidney, not one of us engaged had a doubt that it was that organ which presented at the bottom of the wound. Color, feel, and all. The apparent increase in size seemed to be due to some diseased action. Up to this time we were all confident that the wound had not penetrated the peritoneal cavity, and it was only on pursuing the manipulation still further, with the intention of getting the entire kidney in my grasp, and, if necessary, removing the organ, that I found myself in the cavity and upon the surface of the liver. Up to this time no portion of the intestine was in view, although I must have entered the cavity early. When it was evident that it was the liver which presented, the kidney was found with some difficulty, apparently crowded up under the ribs, and not presenting in the usual position. Had I recognized the liver earlier, I should have handled it less roughly, and sooner have closed the wound. The amount of displacement and malposition of liver and stomach revealed by the autopsy was such as I had never seen before, and was possibly occasioned by constant tight lacing from early youth.

A Fatal Case of Peliosis Rheumatica.—Dr. Lange reports (*Deutsche Med. Zeitung*, February, 1882), the following interesting case:

A soldier, 20 years of age, pale but well developed, and usually of good health, noticed an eruption upon his legs and feet, appearing suddenly, without warning or prodromata. The posterior portions of the thighs were first invaded by blotches, from the size of a lentil to a thaler, slightly elevated above the skin, of a decided dirty-red color, and not disappearing on pressure. The parts attacked, especially the ankle-joints, were swollen and painful, but the general condition was at first but little affected, and the temperature was not elevated until the following day, when 38.8° C. was recorded. The patches now became a bluish-red, and there was swelling and redness of all of the upper extremities, including the shoulder-joints; the elbow-joints were the most painful. During the next two days the appetite was lost, the swelling became still more marked, while the fever also increased (39.3°). On the fourth day, when the swellings of the joints in the legs were subsiding and the patches fading, new ecchymoses appeared upon the thighs and the back. At the same time the patient's voice became hoarse, he expectorated mucus freely, and râles were heard in both lungs; the fauces and palate now began to swell enormously, and became of a purple color, but the gums were not affected. The following day the tumefaction of the neck had been decidedly reduced by ice applications, and the swelling of the left arm was rather less. The patient coughed up a considerable quantity of thin, frothy, red-tinged mucus. The fever remained quite high, in spite of salicylic acid. On the next day, upon the left elbow were observed a few small red spots; those upon the back of the left foot were now of a violet color, and the inner aspect of each arm was livid. The patient since the preceding day had expectorated about two hundred and fifty grammes (eight ounces) of a clear red, frothy blood; in short, signs of double pneumonia appeared, and two days later he died from respiratory and cardiac paralysis. During the entire course of the disease there was no bleeding from the nose, gums, or bowels, and the urine did not contain blood. Before death bloody effusion occurred under both conjunctivæ.

The autopsy showed effusion of a considerable quantity of yellowish-red, almost orange-colored fluid into both pleural cavities; the lower part of each lung was consolidated, and the bronchial mucous membrane here and there congested and covered with dark-red mucus, which occluded the finer bronchioles. The mitral and semilunar valves showed some evidences of former inflammation, but they were competent. The liver and kidneys were pale, the spleen small, and the capsule shrunken. In the gastric mucous membrane there were a few ecchymotic spots; there were none in the bowel, although the small vascular twigs were visible in the serous investment. Upon the general integument

there were a number of spots, some violet and others of a greenish-yellow color.

The author considers the condition of the cardiac valves as indicating old rheumatic inflammation. The occurrence of the joint-inflammations coincidently with the skin lesions suggests their relationship, and he concludes that this was an instance of peliosis rheumatica. Opposed to the view of its having been scorbutic are the facts that many of the symptoms of scrobutus were wanting, and that among the soldiers in the barracks, living under the same conditions as the patient, there occurred not a single case beside.

[It is interesting to note in this connection that Dr. E. Finger reported three cases of urethritis, which were complicated with cystitis and purpura rheumatica, in the *Wiener Med. Presse* for 1880. In all three cases both complications came on suddenly in the third or fourth week of the urethritis; indeed, in two they appeared simultaneously. Both the processes similiarly were relieved, and after a certain time each showed an exacerbation. Finger contends that in these cases a true reciprocal relationship is seen to exist between cystitis and purpura rheumatica considered as a complication of urethritis, and explains the appearance of the affection of the skin as a consequence of the sympathy between the skin and the sexual organs, well known as existing, especially in females. — *Philadelphia Medical Times.*

Bantingism in the Treatment of Eczema of Infants.—Dr. Balmanno Squire writes as follows in the *British Med. Journal:*

It is familiar to every practitioner that eczema is specially common among infants and particularly amongst lymphatic infants, that is to say, fat and pasty-looking infants. I do not refer only to those instances in which the very fatness of the infant is the mechanical cause of the complaint; that is to say, where "a fold" of skin in the fat infant becomes raw and discharging (intertrigo); but I refer to the well known fact that infants of this constitution are more liable than others to eczema (of the scalp and other parts), not coming under the head of intertrigo, and that their eczema is more profuse in its discharge whether that discharge be serous or purulent than it is in other infants; it is also more obstinate. I recently recorded in the journal some experiments I had made with iodoform as an application in such cases, and which succeeded very well as a means of reducing the eczema of such infants from the discharging to the dry condition pretty rapidly. As to that, I was supported by other writers. But from some observations I have recently made, I have reason to think that bantingism as applied to such infants is as rapid in its effects and if sustained is of more permanent efficacy. Some years ago the late Mr. Banting was under my care for eczema, and I had an opportunity of conversing with him pretty frequently on the system of which he was the apostle. It is through this accident that the idea suggested itself to me. I have used the word infant for the sake of convenience, but I refer rather to very young children.

To Bantingism a suckling infant, is, of course, not very practicable, but a child of two or three years old can be dieted very readily. It does not appear necessary to the end in view that the diet should be restricted in quantity as well as quality, which, of course was essential under the regime laid down by Mr. Banting, or by the late Mr. Harvey (the aurist) for him. It is simply necessary to limit the fat producing elements of food for the amelioration of eczema in lymphatic young children. At least so I have found By this means their excessive obesity becomes diminished and their eczema very remarkably improved within ten days of commencing the regimen, and that without any injury whatever to their general health, so far as I can judge. In place of pure milk thay should take milk diluted with an equal or even a double quantity of water. In place of bread and buttor they should take dry toast or dry biscuits; and with these particular articles of food they msy be supplied indefinitely. All the fat is to be carefully cut away from such meat as they may partake of, and they should not be allowed pork, veal or lamb.

They may have poultry, or game, or fish, except the oily kind of fishes, such as herrings, salmon, eels, etc., and the fish they partake of should be boiled, not fried. They may eat boiled vegetable tops, but not vegetable roots, such as potato, parsnip, beet-root, turnip or carrot. Beef-tea (the melted fat being carefully skimed off) is permissible in any quantity, and so, also, toast and water. Cooked fruit (not sweetened) may also be allowed.

But the principles of the Banting treatment are universally known. It only remains for me to say codliver oil (the favorite remedy, par excellence, for the condition of which I am speaking) is quite incompatible with the treatment I am advocating. Of course, the health of the child should be watched and it should be weighed at the commencement of its dieting and afterwards from week to week.

Boracic Acid and Calendula in the Treatment of Aural Diseases —My own observation soon convinced me that the action of calendula on granulating and suppurating tissues, and its prevention of suppuration when used upon recent wounds, would render it a valuable remedy in aural diseases, and I, therefore, subjected the drug to a thorough trial in my practice. The results obtained have been entirely satisfactory. The first trial of it was made with a thin salve, prepared by mixing one drachm of the tincture with three of fluid cosmoline, the alcohol being driven slowly off by the use of a water-bath. This preparation, however, was found not to be satisfactory where dryness of the parts was required, and an attempt was afterward made to saturate absorbent cotton-wool with the tincture, and then evaporate off the alcohol; owing to the gummy nature of the residue retained in the wool, even when a comparatively small quantity of the tincture had been employed, the absorbent quality of the wool was in great measure lost, and this preparation was soon abandoned. It now occurred to the writer that pulverized boracic acid could probably be availed of as a vehicle for carrying the calendula into the ear and retaining it there, and, on trial, the plan proved to be entirely successful. This mixture is made of equal parts by weight of tincture calendula and finely powdered boracic acid, as follows: Evaporate the calendula down in a water bath, at a temperature of about 150°F., to a pasty consistency, and then mix with one-half of the boracic acid; evaporate to dryness, add the other half, and triturate. I do not always employ this preparation in its full strength, but frequently find it sufficiently strong of the calendula when reduced by the addition of more or less pulverized boracic acid.

The local action of both of these remedies on suppurating surfaces, seems to be somewhat similar; they are, perhaps, antiseptic, and it is their nature

to promote healing; by means of their action secretions are checked, odors are stopped, and healthy granulations promoted. In some otorrhœas the boracic acid may be employed as a dressing, and will not be found so heating as cotton-wool. In this way a light crust is sometimes formed over ulcerating or secreting surfaces, protecting the former while cicatrization goes on, and preventing the latter, when retained, from macerating the neighboring parts and from undergoing decomposition.

In by far the greater number of cases of suppurative otitis media, I prefer these drugs in combination. Their range of application is thus very extensive; when used in traumatic rupture of the drumhead, and in the meningitis accompanying perforative inflammation of the middle ear, the results have been most gratifying. In ulcerative inflammation of the external auditory canal of children, especially in the neglected cases among the poor, where the discharge is sanguineous, purulent and highly offensive, the mixture is very efficacious.

After the removal of polypi, as soon as the bleeding has been arrested, it is sometimes useful.

The powder may be introduced into the ear through an aural speculum, or it may be blown in with a small insufflator.

In acute cases, the powder should at first be applied with great care, for in some instances it is not well borne at the beginning of the attack.

In nearly all cases, the discharge may be expected to lessen under this treatment; and, when odor is present, its disappearance may be confidently expected to take place very soon.—Samuel Sexton, M. D., in *Medical Record*.

Localization of Cerebral Functions.—Dr. T. E. Potter of Cameron, Mo., describes the following experiment in the *Missouri Valley Medical Journal*:

In a case of ordinary confinement, to which I was called, everything proceeded naturally, and in delivery the child proved to have hydrocephalus. The coronal, sagittal and lamboidal sutures were opened so widely that there was no skull protecting the brain, and the water had gathered into a sack that hung down as far as the lumbar region. On account of its unnatural appearance the nurse was afraid to wash it, so that duty devolved upon me. I was cleansing the scalp by gently rubbing a soft cloth over the front part of the brain, when I noticed that convulsive movements of the face and arms were being produced, and on stopping, they ceased. I then remembered Ferrier's theory, so I cafefully used friction a little further down, when there was a rapid turning of the head and crossing of the limbs. I located the parts spoken of by Dr. Mudd, of St. Louis, in his case of trephining, and there was twitching of the toes and jerking of the muscles of the feet, with the appearance of general convulsions coming on. I then stopped, thinking I had carried my experiment far enough. The child after this was perfectly quiet, lying upon its side, and giving no evidence of pain when undisturbed. Although many efforts were made to feed it, the child's endeavors to swallow were very feeble. The next day, when I returned, it was still alive, perfectly quiet, breathing all right, and had been so all night, the nurse said, with the exception of an occasional moaning sound. While it was lying upon its side I made the same friction, over the same region, that I did the day previous, with the identical movements of the muscles of the face, turning the head, crossing the legs, and twitching of the toes and muscles of the feet. After I was through I observed that it was much more nervous than the day before. I did not experiment again, as the child appeared, in a little while after, to be sinking, and there was occasionally a convulsive movement of some of the muscles and limbs. It died at the end of the third day. This case, to me, demonstrates beyond any question the doctrine of cerebral localization. It is true that I could not make a chart from this case, as Ferrier has done, nor can I say that he is exactly correct in his topography; still, I can say that by twice exciting the scalp the brain of this unfortunate child in different places, and each time as nearly as I could, using the same friction in the same region, I received both times the same results, and observed that certain muscles responded each time to the friction made on a particular part of the brain, while the other muscles remained quiet until the portion of the brain that presided over them was irritated, when they responded as their fellows had done.

Bullet Encysted Two Years in Base of Skull.—From Lancet and Clinic, Cincinnati Academy of Medicine: Dr. Schwagmeyer related the following interesting case: A girl about 9 or 10 years of age was shot accidentally by a little boy two years ago next June. The ball entered the head just above the eye, penetrated both lables of the skull, causing an effusion of blood in the orbits so that the eye protruded. It was thought that the child would die. Dr. Ayres was called in consultation by Dr. Fishburn (who also attended the child) and himself, but they all agreed that nothing could be done, and the child was treated as symptoms would arise. Contrary to expectation the swelling in the eye retracted, sight became normal and the child got well in six weeks. The only remnant of the injury was a small ulcer in the inner margin of the eye. This healed occasionally, and then the child would complain of headache, which would disappear again when the ulcer re-opened. There was a small sinus near the lid, but it was probed. There seemed to be connection with it and the tract of the wound. She was sent to the country, where she spent the summer and also last winter. Six weeks ago she complained of pain in the back and occasionally slight headache, but continued to play every day on the street. Last Monday night convulsions set in with all the symptoms of acute meningitis, from which she died. A postmortem examination showed the brain highly congested, the arteries being almost black and the surface studded with minute abcesses. There was no fracture of the orbit. The brain was examined diligently for the bullet at the base, but this was nowhere to be found. Hope of finding it was almost given up when a minute spot was detected in the sphenoid bone, below the middle lobe of the brain near the sella tursica. This portion of the bone seemed to be elevated, and it was only by close examination that the bullet was discovered. It was then carefully chiselled out of the osseous structure in which it had been completely encapsuled. The speaker could hardly believe that the child died of the injury because the bullet was entirely closed in and there was no tract of inflammation from the seat of injury to other parts of the brain. As the mother died of consumption and the child was always sickly, the speaker suspected tubercular meningitis, and hardly regarded the gun shot injury as the cause of death, but looked upon it as entirely independent of the meningitis. The child was said to have run its head accidentally against a wagon about one week

ago ; he did not know whether that could in any way account for the death of the patient.

Dr. Ransohoff remarked that this case was of unusual interest. First, because the inflammatory symptoms appeared so long after the original injury, nearly two years; second, because the ball was found encapsuled without any fracture; and thirdly, because the abscesses were at so great a distance from the seat of injury. If no relationship between the ball and other postmortem appearances could be established, and no evidences of inflammation could be t aced from the point of injury, he was slow to believe the gun-shot injury the cause of death.

Dr. Davy remembered a similar case reported by Dr. Waterhouse. A wound into a child's brain was probed to a distance of four and a half inches, yet the patient got well, and in two years there was no further trouble; the ball became entirely encysted. He therefore believed that there was no connection between the injury and cause of death in this case.

Nerve Stretching.—Prof. Talbot Jones writes as follows in the *New York Medical Record:* Thus far investigations appear to show:

First.—That paralysis of sensation is more pronounced than paralysis of motion, while the latter is more persistent than the former.

Second.—That the effect upon the cord from stretching is negative.

Third.—That the irritability of the nerve-trunks is modified, or may temporarily destroyed.

Fourth.—That stretching a nerve not only acts upon itself, but likewise was an action upon the nerve of the opposite side.

Fifth.—That the cohesion of the nerve-sheath or nerve-fibrils is affected by the nerve sliding within its sheath, thus breaking up the adhesions and relieving the nerve of pressure.

Sixth.—That there may be a rapid coagulability of the medullary sheath, a separation of the sheath from the neurilemma, or a solution in the continuity of the axis-cylinder and medulla, as a result of the violence done.

Seventh.—That the best results from nerve-stretching are obtained not by feeble and sudden, but by vigorous and prolonged stretching. Thus far the physiology of nerve-stretching has either been overlooked or completely ignored. The knowledge of nerve-stretching, now in its transition state, is merely empirical knowledge, and cannot become scientific until more attention is given to the physiology of the subject. There are many interesting problems relating to physiology connected with the procedure of nerve-stretching. Space forbids a mention of but two: (*a*) what influence upon the nutrition of the cord follows stretching a nerve? (*b*) what influence does stretching a nerve have upon the vascular mechanism; and if any, through what kind of nerve-fibres, and in what way is this influence manifested? Division of a nerve supplying a muscle quickly and greatly increases the venous flow of blood, showing dilatation of the muscular arteries. Does stretching a nerve produce the same phenomenon? If this be answered affirmatively, the following question naturally answered: Does this condition obtain in nerves only whose irritability has been destroyed? Again when an animal—a kitten—is warmed in a heated chamber till the feet became red, from dilatation of the blood-vessels, division of the sciatic nerve causes the foot of the same side to become paler (Schiff.) Has a similar change in the vascular mechanism followed the stretching of the sciatic nerve in man? If stretching the sciatic nerve in man produces modified anæmia (observed in the kitten after division), does the nerve-stretching act as a stimulus to the dilator-fibres of the blood-vessels, or is it due to the loss of central tonicity, or both? I think these and other questions relating to the physiology of nerve-stretching are sufficiently important to receive careful investigation at the hands of Dr. Morton or some other American neurologist.

Osseous Tissue Formed from Transplanted Bone-Marrow.—Prof. Bruns, of Lubigen, reports in the *London Medical Record* the results of some experiments he has lately made on animals, with the object of determining whether portions of transplanted bone-marrow can give rise to the formation of deposits of true osseous structure. The Professor states that the animals best suited for experiments of this kind are young dogs. A portion of the shaft of the femur or tibia is resected, and the marrow contained in this resected fragment is removed in an unbroken cylinder. Portions of this cylinder are then inserted into fresh wounds on the breast or back of the same animal, either into the subcutaneous fat or in a superficial part of the muscular layer. The wounds are then carfully closed by means of sutures.

The following changes, it is stated, take place in each instance of successful transplantation. A diffuse swelling is at once formed, which speedily begins to diminish, and is replaced about the fourteenth day by a movable nodule, in which bony tissue already exists in scattered foci. By the twenty-fourth day, foci have usually amalgamated into a single piece of bone. Microscopical examination proves that the nodule, in its early stages, is composed of osteoid tissue, and that the fully developed hard mass consists of true bone.

These experiments, Prof. Bruns asserts, prove that bone-marrow, completely separated from its connection with bone, and transplanted under the skin of the same animal, at remote part of the body, may give rise to the formation of bone and cartilage. The swelling at the seat of transplantation ossifies in part directly and in part by the conversion of cartilage and osteoid tissue into hard bone. The same process takes place in the formation of both the inner and outer callers after fracture; and it may be assumed that bone is formed from the medulla in a way similar to that in which it is formed from the inner surface of the periosteum. It is held by Prof. Bruns that in each instance the osteogenetic function is due to the same elements, namely, to osteo-blast, which exists in the inner periosteal layer and are scattered amongst the elements of bone-marrow, particularly in young animals. Prof. Waldeyer, of Strasburg, who has examined these specimens, agrees in the view of the part played by the osteoblast in the ossification of marrow, and is not disposed to admit any participation in this process of leucocytes of the marrow, wandering leucocytes from the blood, metamorphosed fat cells, or newly formed spindle-shaped connective tissue cells.

Conditions Favoring the Development of Micrococci in the Blood Vessels.—Prof. Wassilief, of St. Petersburg, is the author of an article upon conditions which favor the development of colonies of micrococci in the blood vessels. In his experiment he employed frogs. Upon these he caused an ulcerative process to be established. The secretion from these surfaces he injected successively from one animal to another until it finally became capable of developing a sort of septic infec-

tion. The characteristic symptoms of this infectious disease are :

1. An acute and uniformly fatal course.

2. The presence of bacteria in the blood, which are to be observed, however, only a short time before the death of the animal.

3. The development of ecchymoses in various organs and tissues.

In the body of frogs killed by this disease there always occurs immediately after death a development of micro-organisms in the blood vessels, attaining its maximum in the skin. The blood and various other fluids of these infected frogs, if injected subcutaneously into the lymph-channels of healthy animals, produced in them the same disease with precisely similar symptoms. One frog was killed before the bacteria had developed in the blood, and in the vessels of the skin of such frogs no micrococci were found; or they existed only in a circumscribed area. In the vessels of frogs that had died free from septicemia, there was never found anywhere any trace of such colonies; yet there must not have been in these any loss of substance before death. Were such the case there could be seen here also after death a development of micrococci in the vessels of the skin, which in no way differed morphologically from the similar organisms found in infected frogs. Such colonies were found not simply in the immediate vicinity of the ulcer, but also in portions of the skin some distance from it. Further, the colonies of micrococci were never found in the blood vessels during life. But if there occur in any portion of the skin an obstruction to the flow of blood, these colonies of micrococci will be developed (but only secondarily) even during the life of the animal. The author also comes to the following conclusions: When in an animal organism during its functional life in the course of a general or local disease, conditions arise which promote the development of micro-organisms in the organs affected, and which aid in the passage of these bacteria and micrococci into the blood-current, then are these minute organisms in a condition to development colonies; but first the death of the organ or set of organs is requisite. We have also found it in every case which we observed the colonization of micrococci and bacteria a secondary manifestation. —*Cin. Lancet.*

SOME POINTS IN THE TREATMENT OF FRACTURES. —1. Set at once.

2. Never use chloroform if it can be avoided.

3. All that are required in setting a limb are delicate manipulation, well-padded pieces of stiff material and a roller.

4. Absence of pain, of deformity, and of hemorrhage in compound fractures are signs of successful adjustment.

5. The movable-immovable apparatus, as exemplified in the plaster of Paris splits, is, perhaps, the best form of apparatus for the great majority of fractures.

6. Confinement to bed over twenty-four or forty-eight hours (except for the thigh) is rarely, if ever, necessary in uncomplicated fracture.

7. Passive motion is apt to do more harm than good.

8. It is better to keep the mechanical appliances, the splints, on too long than for too short a time.—Oscar J. Coskery, M. D., in *Maryland Medical Journal*, p. 457—1882.

Formulary.

SOOTHING AND CLEANSING BATH IN SUB-ACUTE ECZEMA AND PSORIASIS.

℞ Potass. carbonat..... ℥ iv
Sodii. carbonat..... ℥ iij
Pulv. boracis..... ℥ ii

M. Use in a thirty gal on bath with half a pound of starch. Gelatin, one pound, may be substituted for the starch, or brain, a pound or two soaked in a muslin bag.

COMPOUND SULPHUR BATH, STIMULATING AND ANTI-PARASITIC. (LONDON SKIN HOSPITAL.)

℞ Sulphuris præcipitati..... ℥ ij
Sodii hyposulphitis..... ℥ i
Acid. sulph. dil..... ℥ ss
Aquæ..... Oj

M. For a 30 gallon bath.

MERCURIAL BATH, STIMULATING AND ANTI-SYPHILITIC. (LONDON SKIN HOSPITAL.)

℞ Hydrarg. chlorid. corros..... ʒ iij
Acid. hydrochlorici..... ʒ j
Aquæ..... Oj

M. For a 30 gallon bath.

IODINE BATH, STIMULATING AND ABSORBENT.

℞ Iodinii..... ʒ j–ʒ ij
Pot. iodidi..... ℥ j–℥ ij
Aquæ..... Oj

M. For a 30 galon bath.

IN INDURATED AND ROSACEOUS ACNE.

℞ Pot acetat..... ℥ ss–℥ j
Tinct. nucis vomicæ..... ʒ ij
Ext. rumicis radicis fl..... ℥ jv

M. Sig —Teaspoonful half an hour before meals largely diluted.

CORRECTIVE IN DYSPEPSIA, ACNE AND ECZEMA.

℞ Bismuthi subnitrat..... ʒ j–℥ ij
Sodii bicarbonat..... ʒ ij
Pulv. zingiberis..... ℈ ij

M. et. div. in pulv. No. xii.

Sig. One powder after meal.

SEDATIVE IN DYSMENORRHŒA.

℞ Hoffman's anodyne..... ℥ j
McMunn's elixir opii..... ʒ ij
Liq. ammonia acet..... ℥ jvss

M. Sig.—A teaspoonful every hour if needed.

ACUTE RHEUMATISM.

℞ Acetate potash..... ʒ ss
Bicarb. potash..... ʒ j–jss
Nitrate potash..... grs. x

M. Sig.—To be given in free solution once in four hours or half the pose once in two hours.—*Med. Gazette.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, JUNE 10, 1882. No. 11

Editorial.

Medical Education and the American Medical College Association.

The recent action of the American Medical College Association in rescinding the resolution prescribing three courses of lectures by colleges as a condition of membership, and its retrograde step to two courses of five months each, very naturally suggests the question, Is an advance in medical education in this country possible? For many years indistinct murmurings of dissatisfaction with the status of medical education had been heard, and latterly these were formulated into a distinct demand from representative individuals and societies for such requirements on the part of the medical schools as would guarantee a proficiency on the part of the graduate commensurate with the demands which will be made on him as a practitioner. For a time it appeared as if this order for an advance all along the line would be heeded, and the number and prominence of the colleges which joined the College Association with this prime object in view augured well. It was not long, however, before that most powerful of all incentives to human action, self-interest, asserted itself in the control of the more altruistic motives, which caused these encouraging additions to the Association. One or two prominent schools, although averring their desire for improvement in the direction, refused, for causes probably known to themselves but never published, to unite with the others in organized endeavor towards the desired end. The ins shortly began to suspect that the outs were not strictly honest in their protestations of desired reform, and soon a suspicion was conceived that there was some diabolical scheme on foot among the outs looking towards a grab at the loaves and fishes. You may attack a man's tangible corporeal body and he may not resent; you may assault him through his inner incorporeal mind and he may overlook it; but attack him through his pocket, and you arouse in resentment every fibre of his nature The ideal man is purely altruistic, but taking the animal as we find him, and he is selfish—selfishness being essentially the warp of the woof of his nature. It matters not what is his sphere or avocation in life—he may even be a member of that grandest and most devoted of all callings of man to the weal of his fellows, to wit, the profession of medicine; he may, moreover, be even a college professor—and yet the infirmity transmitted from the original Adam is so thoroughly engrafted in his nature as to be an essential part of him. Colleges are associations of men, and men are descendants of the primal man, whose peculiarities they have ably inherited. This being true, when the ins twigged the schemes of the outs, nor "the interests of the profession" (high sounding but vague meaning phrase), nor any of those other exalted motives which had determined them to be the ins, were of avail in holding them true to a course, a continuance in which would be in any degree likely to cause them a loss of such students as were able to walk up to the dean's office and there to deposit the required fees. The consequence was first a lack of enthusiasm in the Association, and this paved the way for numerous withdrawals. Those withdrawing, united with those who never joined, constitute the largest and most influential colleges of the country, and they have all reverted to the original go-as-you-please method of securing students.

In the midst of this stampede, it was hoped that there might still be left a nucleus around which those whose interests would be subserved by improvements on the present plan might crystallize. For a time the Association held out with Spartan resolution in the midst of surrounding disaster, but now comes the news that it, too, has succumbed, and its state is now worse than it was at first. It has dropped from a position of three sessions of six months each to one of two sessions of five months each. The impetus of the fall from its higher position has carried it down lower than its original estate, and there it will remain, with none poor enough to do it reverence. It has made a desperate attempt at suicide, and there should be no effort made for its recovery. Let it die.

Sanitary Inspection by National Board of Health.

The alarming prevalence of small-pox during the past winter and spring months, and its long continuance in spite of the advanced season, have moved the National Board of Health to a renewed effort to stamp out the disease. Recognizing the fact that this consummation can only be effected by a thorough system of vaccination and isolation, the national authorities have instituted measures looking towards the effectual exercise of these means, in so far as they are particularly applicable to immigrants, who, from the very nature of the case, cannot be properly watched by the local boards of health. They have, to this end, appointed at various points on the various lines of railroads carrying immigrants to the great west, sanitary inspectors, who are enjoined to a careful surveillance in transit of the new comers, and to induce any who may not have been properly protected to submit to vac-

cination or revaccination. As a rule, emigrants who do not furnish evidence of protection are vaccinated on board the ocean steamers, and all passengers thus protected are furnished with certificates to that effect. As occasionally happens, however, the vaccination has failed and the immigrant is thus peculiarly exposed to the contagion which has been more or less epidemic throughout the west during the past year. It is the duty of the inspectors to ascertain, as nearly as they may, the facts in such cases, and to induce the individual to again submit to the operation.

Occasionally a case of variola, or varioloid, develops after the immigrants have debarked from the ocean steamer, and in the absence of the system of inspection which has been instituted, one such case is liable to become the centre of infection of a whole community. In not a few instances endemics of small-pox have had their origin in just such cases.

The unprecedented tide of immigration to our western states and territories admonishes to redoubled vigilance in the matter of this loathsome and deadly disease, and the necessity of some such action as the National Board of Health has taken is particularly pressing during the present season.

The American Medical Association and Copyrighted Trade-Marks.

Advices from St. Paul are to the effect that the "Richmond resolution," so-called, has not been grafted into the Code of Ethics as an amendment, the Judicial Council holding that the question which it was designed to cover is already sufficiently covered by the code as it stands.

This conclusion will, doubtless, be very unsatisfactory to many who during the past year have been engaged in the discussion of the question involved, as it will also be to many who have taken no part in the discussion, but who, realizing the uselessness of the discussion of a matter which, under the rules of the Association, could not be authoritatively decided except by the Judicial Council, on whose decision there can be no discussion and from which there can be no appeal, have awaited the issue of the St. Paul meeting. We are of the opinion that it would have been more satisfactory to have thrown this question into the general meeting in order that an expression of opinion thereon might have been obtained which should be regarded as that of the profession of this country.

The question is one, however, on which there is and always will be much difference of opinion, for while we hold that the patent and trade-mark properly applied would be conducive to professional and collateral interests, they are capable of gross abuses. Doubtless the council recognized this fact and rather than attempt the Herculean task of drawing the line between such trade-marked preparations as are commendable and such as are an imposition on both the public and the profession, have left the matter to remain under the somewhat indefinite provisions of the code, thus practically recognizing the practitioner's right to select and prescribe such remedies of this class as he may elect.

The provisions of the code on the trade-mark question are and have been for many years a dead letter, and probably no one will ever be disciplined for violating them. This is unfortunate. The Judicial Council should either have expunged this section of the code or have divested it of all possible ambiguity, for a dead letter law is demoralizing in its influence.

The profession will earnestly pray for a surcease of the discussion of the question of trade-marks and the irrelevant and acrimonious personalities which have been incidental to it. The energy which has been thus diverted will, when returned to its wonted channel, be productive of marked results.

Miscellany.

The Tomato as a Dietary.—*Australian Medical Journal:* The profession and the public are by no means agreed as to the dietetic value of the tomato. The classical authorities on food, such as Pavy and Chambers, dismiss the claims of this vegetable very curtly, simply placing it among the anti-scorbutics, and allowing it little, if any, nutritive power. The public, on the other hand, believe this ally of the potato to be not only a highly nutrient vegetable, but a stomachic, a cathartic, and generally a potent blood-purifier. That the tomato is thought too little of by the profession generally is true, but it may be doubted whether it possesses those wonderful alterative powers ascribed to it by the Americans, many of whom persuade themselves that they are never in health except in the tomato season. This fruit (as it may also be called), however, exhibits one remarkable property in connection with plant diseases, which suggests its use as a germicide and a protector against those disorders, so many of which we now know derive their origin from bacteria and allied germs. If a tomato shrub be uprooted at the end of the season, and allowed to wither on the bough of a fruit tree, or if it be burnt beneath, it will act not only as a curative, but protective, against blight and similar attacks. This hostility to low organisms is due to the presence of sulphur, which is rendered up in an active condition in the decay or burning. Remembering that digestion also splints up the tomato into its chemical constituents and releases sulphur, probably in a nascent condition and probably in the intestinal canal, it may have as great potency there as experiments prove it to have outside the body. Summer diarrhœa, English cholera and typhoid fever are all due to low organisms. As the diarrhœal and typhoid seasons are luckily contemporaneous with the fruiting of the tomato, it is not unreasonable to assume that tomato eaters would be more than ordinarily likely to escape such diseases. It is worth noting that typhoid fever is most prevalent among the poor to whom this expensive vegetable is almost

unknown. Sailors, too, just after landing, are particularly liable to typhoid, and in them we may always assume a more or less scorbutic condition. But the question of the protection against disease by certain diets, and by such habits as the use of alcohol, tobacco and opium, has as yet been hardly inquired into.

Experiments are now being made on the tincture of the tomato which will help in determining its therapeutic value. Meanwhile, eaten cooked with hot meals, and in the form of salad after a cold lunch, it is a pleasant and useful addition to our ordinary regimen. The fruit-acids it contains, combined with the mechanical effect of the seeds and skins, render it to some extent an enemy to scurvy as well as a laxative, and the sulphur, with its known power over septic conditions, would probably contribute to make its use a protection against the poison germs of those diseases, like typhoid, that find their way into the system primarily by the alimentary canal. One caution is needed to the lovers of this esculent. The taste for it being an acquired one, it is the more likely to be indulged in to excess, and we have known almost as many tomato-maniacs as ostro-maniacs. All kinds of raw fruit, it should be remembered, except used with care, are liable to irritate, and we have known an instance where a person, working hard on raw tomatoes only, was seized with inflammation of the bowels, which proved fatal in a few hours. As an article of diet, then, two or three tomatoes will be found as effective as, and certainly safer, than a dozen.

The Effect of Bleeding on Inflammation. —*Lancet:* The effect of local abstraction of blood in relieving inflammation is one of the ancient doctrines of therapeutics which is still unrefuted and still unexplained. It was formerly held that the result was produced by a perfectly simple *modus operandi*. By the removal of blood from the surface the vessels of the deeper inflamed parts were partly emptied; but it was later recognized that this explanation is incompatible with the known conditions of the circulation. The local removal of blood never produces a lasting effect on the circulation in the part. At the present time it is generally assumed that the effect of local depletion is to remove the inflammatory stasis, although such an effect has never been demonstrated experimentally; and, moreover, the idea of a derivatory action still haunts the theory of the subject, while the effect is sometimes ascribed to the influence of the depletion on the whole mass of blood. The question has been lately subjected to experimental investigation by Genzmer and Nikolas, of Halle, and the results obtained have been described by the former in the *Centralblatt für Med. Wiss.* In the web of the foot of curarized frogs foci of inflammation were excited by punctiform cauterization, either by nitrate of silver or a red hot needle; and the process was watched with the microscope. When well known phenomena of inflammation made their appearance, the aggregation and exit of the white corpuscles, retardation of the blood current, and, finally, the formation of stasis, a leech was applied to the leg. As soon as the leech began to suck, a striking change occurred in the inflammatory process in the foot; the blood current became quickened, and carried on the corpuscles which were adherent to the wall. The stasis passed away, and in a few minutes the inflamed capillaries were cleared, and presented to the end of the experiment a normal and even accelerated circulation. Whether the corpuscles which had already wandered out of the vessels were influenced by the abstraction of blood could not be with any certainty determined. In some experiments scarification was employed after the focus of inflammation had been excited. The effect was less conspicuous since the loss of blood did not occur with the same vehemence as with a leech, although the amount of blood abstracted was nearly the same. The effect of abstraction of blood from the general circulation, by opening an abdominal vein, was still slighter, although the amount of blood taken was considerable. The conclusions drawn from these experiments is that the antiphlogistic action of local abstraction of blood is produced by a purely mechanical agency. A temporary augmentation of the circulation occurs, by which the capillaries are cleared; and the stasis, which is the first step in a local necrosis, is removed. Not only is no local anæmia produced, but there is actually an arterial hyperæmia; there is an increased supply of arterial blood to the focus of inflammation, which, besides its effect on the blood vessels, may reasonably be supposed to improve the nutrition of the tissues, and so to counteract the tendencies of inflammation. The antiphlogistic action is clearly proportioned both to the amount of blood withdrawn and to the rapidity of its withdrawal, and its action is notably greater if the blood can be withdrawn from the circulation between the region of the inflammation and the right side of the heart.

Lemons, the Elixir of Life.—Dr. William Schmöle, Professor of Pathology in Bonn, has (*Medical Record*) writes a treatise on the "Wissenschaftliche Künste zur Verlängerung und Verschönerung des Menschlichen Lebens," which, being translated, is, "A scientific method of prolonging and making comfortable human life." He claims that this long and eagerly sought-for end may be secured by eating lemons. He bases his method upon the hypothesis that the condition known as old age is produced by a misproportion between the organic framework and inorganic constituents of the human body. In order to prevent this condition and preserve the elasticity of youth, it is only necessary to introduce some substance which will dissolve the excess of mineral matter and allow of its absorption and excretion. Such substances are the inorganic acids, and chief among these, citric acid,

the next in value being lactic acid. Citric acid is best taken in the form of lemon juice, and it is recommended that a person swallow the juice of from two to eight lemons daily, year in and year out! Such a practice also secures one against the attacks of rheumatism, which afflict old age. It also prevents the degeneration of the arteries and the calcifications of the vascular system. Our speculative author also avers that many of the fevers and inflammatory diseases of old age are due to reflex and sympathetic processes. He states that a treatment which benumbs these reflexes will tend to ward off such complications. For this purpose he advises small and frequently repeated doses of acetate of morphia. The number of cases illustrating the effects of this scientific elixir vitæ are very small. One person, who fed himself on lemons as directed, died at the age of 110, and then his death was an unnatural one.

THE CHEMICAL CAUSE OF LIFE.—*Medical and Surgical Reporter:* Up to within a very few years, physiology did not suspect that there was any chemical difference between dead and living protoplasm. Many still will say there is none. But recent researches, beginning by an article of Pflüger's in 1875, point strongly in an opposite direction. One of the ablest essays in the affirmative was written last year by Oscar Loew (well known in scientific circles in this country) and Dr. Thomas Bokorny, and published at Munich, with the title *Die Chemische Ursache des Lebens theoretisch und Experimentell nachgewiesen*, pp. 51. The result of their investigation goes to show that living protoplasm owes its property of *life* to the presence of aldehyde groups, which are characterized by intensely active atomic movement. When death takes place, it is coeval with and caused by a transformation of these aldehyde groups into amyd groups, with diminished molecular motion, thus leading to cessation of action.

The thoughtful reader will not fail to note the very great importance of this physiological theory, and we can say that it is supported by a series of admirably careful experiments.

CAUSE OF DARK COMPLEXION OF CHICAGO LADIES.—*Peoria Medical Monthly:* A private letter from a valued correspondent contains the following which is too good to be lost. He writes:

"I see Dr. Byford has greatly improved his work on 'Diseases of Women.' In the first edition 'nitrate of silver and its substitutes' played a very important part. When I lived in ——, a lady friend visited Chicago and spent the summer there. On her return, I met her in company of several ladies, who brought up the subject of complexion. The lady was asked if she had noticed the well-known fact that Chicago ladies were less fair than their Eastern sisters, and that eastern ladies who went to Chicago soon lost their complexion, and if she thought the climate was the cause? The lady replied that she had noticed the fact and thought the climate might have something to do with it, but she had given the subject considerable attention, and had concluded that the reason in part was due to the fact that Dr. Byford treated female diseases exclusively with nitrate of silver. I judge, therefore, from his last edition, that the complexion of Chicago ladies will now improve.

BACILLI IN TUBERCLE.—*Lancet:* On May 8th, Messrs. Watson, Cheyne and Nelson, in the Pathological Laboratory at King's College, demonstrated the bacilli in tubercle which have recently caused so much excitement in medical circles. Dr. Goltdammer—Dr. Koch's private assistant—has brought over to England several specimens of bacilli prepared by Dr. Koch, and these were submitted for the first time to the inspection and criticism of English pathologists. In addition to bacilli in tubercle, those of leprosy, of septicæmia, and of erysipelatous inflammation, the bacillus anthracis was shown. Amongst the pathologists present were Mr. Lister, Drs. Wilks, Payne, Pye-Smith, Beale, etc., and altogether about seventy gentlemen minutely examined the specimens. There can be no doubt whatever as to the presence of the organisms in tubercle-formations and in the diseases referred to, although their exact significance may still be questioned. Dr. Goltdammer also showed a test-tube in which the tubercle-virus was being cultivated in blood-serum. The same specimens were also exhibited at the soirée of the Royal Society on the 10th inst., and attracted a large amount of attention from the biologists as well as from the physicians and surgeons who were present.

MRS. NICKLEBY'S REMEDY FOR A COLD —"I had a cold once," said Mrs. Nickleby. "I think it was in the year eighteen hundred and seventeen; let me see, four and five are nine, and yes, eighteen hundred and seventeen, that I thought I never should get rid of; actually and se iously, that I thought I never should get rid of. I was only cured at last by a remedy that I don't know whether you ever happened to hear of, Mr. Pluck. You have a gallon of water as hot as you can possibly bear it, with a pound of salt, and sixpen'orth of the finest bran, and sit with your head in it for twenty minutes every night just before going to bed; at least I don't mean your head—your feet. It's a most extraordinary cure—a most extraordinary cure. I used it for the first time, I recollect, the day after Christmas-day, and by the middle of April following, the cold was gone. It seems quite a miracle when you come to think of it, for I had it ever since the beginning of September."

SECRESY AND SMALL-POX.—*The Sanitarian:* A case of small-pox having occurred at a hotel in Nashville, Tenn., some two months ago, and been

kept secret by the city health officer, the board of health, on becoming aware of it, at a call meeting, adopted the following wholesome resolutions:

Resolved, That it is the sense of the board that secresy is not only antagonistic to the spirit of the age in which we live, but especially so in matters pertaining to the public health service.

Resolved, That this board does hereby protest against a repetition of this effort at secresy.

Resolved, That hereafter the health officer shall be and is hereby directed to lay before this board, in extenso, at each meeting next following a report of a case or cases of contagious or infectious diseases, all such cases and facts pertaining thereto, which may come to his knowledge as occurring within or adjacent to the limits of this city.

Cleaning Sponges.— A writer in the *British Medical Journal* finds that returning the sponge to its native element, or steeping it in strong salt and water to which a few grains of iodine have been have been added, enables it to throw off its impurities and to regain its normal elasticity and absorbent properties, and at the same time become completely disinfected. The process is not a rapid one, and iodine is only slightly soluble in salt water; so that very dirty sponges cannot be purified in this way, and a preliminary washing in soap and warm water is necessary.

We are in receipt of a circular letter from Mr. George S. Davis, Medical Publisher, of this city, announcing the early appearance of a translation of a work on the incidental or untoward effects of drugs, by Dr. L. Lewin of the University of Berlin. It appears from this letter that there has been some misunderstanding in regard to the translation and publication of this valuable work in this country another publisher having anticipated Mr. Davis in the matter. The latter, however, claims that the translation to be issued by him will be the second edition of the work, advance sheets of which are being regularly received from the author, and will contain many alterations and additions as compared with the first addition. The translation, moreover, will have the endorsement of the author, Mr. Davis having paid him for the right of publication.

We are in receipt of a "Working Bulletin" on Quebracho, issued by Messrs. Parke, Davis & Co., of this city. It is one of a series which they are issuing on the various new drugs with which the name of the firm has been largely identified during the last four or five years. The "Bulletin" consists of a collection of the literature bearing on the particular drug on which it treats, and purports to give all that has been said or written, pro et con, bearing on the therapeutic action of each article, and leaving the reader to form his opinion from the evidence thus presented. It would seem to be a very fair and just thing to do, and those interested in any of the new drugs thus treated of will find in the "Bulletin" much of value. The issue of the "Bulletin" is, moreover, a commendable bit of enterprise.

Dr. McClelland, in writing to the *Medical Times*, writes thus of therapeutics in Germany: In Heitler's ward I was shown a case of pleurisy with large effusion. When I asked for treatment he said the patient will get no medicine. And although the chest was bulged out enormously, he would not tap, because he said it was bad practice. The patient did well. They give no medicine for pneumonia, except "may be a little ipecac." You would be amazed at the number of doctors I meet here who are skeptical as to the efficacy of medicine.

Arrangements are, it is said, made by a local medical society of Washington for a thorough scientific post mortem examination of Guiteau's body. If his cranial contents should perchance reveal any of the presumed characteristics of criminal brains, the cry of legal murder will of course go up, but should there be no such irregularities, as it is generally believed, there will not, the long wished-for rest, from the bickerings of which the case has been the occasion, will have come.

The *Medical Bulletin* tells of a Philadelphia young lady who thus questioned the diagnosis of an affection of the middle ear made by a physician in the case of one of her lady friends: "Don't you believe it. Who ever heard of such a thing as the middle ear? Fiddlesticks! There is one ear on each side of the head and no more." The criticism carries with it a suspicion that the ears of the young ladies of Philadelphia are sufficiently long to counterbalance any deficiency in their number.

Dr. J. M. Toner, of Washington, D. C., has presented to the country his medical library, the same being probably the largest and most complete private library in the United States, comprising as it does in books, pamphlets, MSS., and periodicals, upwards of 25,000 volumes. The donor reserves to himself the right to add to the collection during his life, and to create a fund through which the work may be continued after his death.

A Dr. Goltdammer, in a debate before the Berlin Medical Society, in May, 1880, made use of the words, "We have quacks in our own camp, such as the homœopaths and similar legalized charlatans." The remark was made the ground of an action for libel by the Berlin homœopaths, and now, after two trials, resulting in a verdict of acquittal each time, the matter has been taken before the Court of Appeals.

The records go to show that Dr. J. H. Salisbury, of Cleveland, anticipated Koch's discovery of the bacillus tuberculi, and it was to remove it that he laid down the "Salisbury's Plan" as detailed by Dr. Ephraim Cutter in these columns nearly two years ago.

Gaillard's Medical Journal: "There is no greater blunder than to object to a journal on account of its large advertising department. The size of this department is the key to a journal's success and the index of its prosperity." It was a wise man who wrote these words.

The "Venerand" College, of Detroit, has vanished and left scarcely a trace behind. The vigorous and persistent assault of the *Free Press* accomplished what it was not in the power of the laws of Michigan to effect. Let the secular press now mould public opinion for the passage of a medical bill during next winter's session of our State legislature.

A physician who recommended a bath to his patient was somewhat non-plussed by the patient's statement that he did not think the bath would help him. He had tried a bath a year or two previously and although he felt better for a while, it was not long before he was just as bad as ever, and he had been growing worse ever since.

The *Alienist and Neurologist* cites the case of a family in which there were three idiotic boys. One of these was so unfortunate as to accidentally receive such a blow on his head as had the effect of causing sufficient change in his mental condition as to enable his parents afterward to make a lawyer out of him.

A rich patient of hypochondriacal disposition detailed his imaginary woes and symptoms to his doctor. "My dear fellow," said the witty physician, "I can do nothing for you. The man who listens to himself living hears himself dying."

Hazlitt: No wise man can have contempt for the prejudice of others; and he should ever stand in awe of his own, as it they were aged parents and monitors. They may in the end prove wiser than he.

Urethral injections of the bromide of potassium in solution of gr. xx to the ounce are said to be effectual as a prophylactic against chordee.

The *Medical Herald* has appeared in a blue cover. For reasons too numerous to mention green would have been an appropriate color.

The contract for publishing the forthcoming U. S. P. has been awarded to Messrs. Wm. Wood & Co., of New York.

Dr. Keith, the Edinburgh ovariotomist, has paid to American gynæcology the tribute of sending his son to New York to learn that division of medicine.

The biographer of Rosetti pronounces insomnia as the curse of the artistic and poetic temperament.

The remains of Garibaldi have been cremated.

Book Notices.

THE INCIDENATAL EFFECTS OF DRUGS. A Pharmacological and Clinical Hand-Book. By Dr. L. Lewin, Assistant at the Pharmacological Institute of the University of Berlin. Translated by W. T. Alexander, M. D.
New York: Wm. Wood & Co. Detroit: John Mac Farlane.

This work consists of a collection from the literature of drugs of the reported instances of the incidental effects of the various drugs, and of extended supplementary observations and experiments by the author himself. By the incidental effects of a drug we are led to understand such action as is distinct from its therapeutic action, and operates as a disagreeable accompaniment of or drawback to the latter. The field which the author has chosen is one which has been but imperfectly tilled, and as a consequence it frequently happens that symptoms are attributed to the disease which are properly chargeable to the drug which is given for its relief. The incidental effects of a drug are due to a variety of causes, among which are enumerated inherent peculiarities of the drug itself due to circumstances of climate, culture, etc., influencing the development of its active properties, idiosyncrasies on the part of the patient, faulty preparation of the form in which the drug is administered, etc.

The reader is struck on reading the book, with the extent of the field which it covers, while remaining strictly within the limits which it prescribes in its title. It is a book which is calculated to come to the aid of the profession in the suits for malpractice, which litigious individuals are sometimes induced to bring against the innocent practitioner, based on effects of medicines which were entirely unlooked for by the physician himself. It is impossible to absolutely guard against idiosyncrasies, whether of the patient or of the drug, but until the appearance of the book before us the untoward effects of individual drugs were recorded in text-books and periodical literature, and so scattered as not to be available in the emergencies which so constantly present.

Dr. Alexander has done his part of the work in a very creditable manner, notwithstanding the fact that he has in some places sacrificed elegance and perspicuity to a literal translation. We believe the book will meet with a ready sale, inasmuch as it certainly supplies one of the "long-felt wants" in medicine, and particularly in the daily calling of the general practitioner.

HOME AND CLIMATIC TREATMENT OF CONSUMPTION, on the Basis of Modern Doctrines. By J. Hilgard Tyndale, M. D., Member New York County Medical Society; late Physician in charge of Rocky Mountain Sanitarium for Consumptives, at Manitou, Colo., etc.
New York: Bermingham & Co., 1260 and 1262 Broadway.

The successful treatment of consumption is a question ever pressing for an answer, and anything new bearing on it is always eagerly listened to In

the little book before us we fail, however, to discover aught which has not before been presented, but this is by no means intended to imply that the effort of the author is a mere repetition of what others have before given in this line. The merit of the book lies in the fact that it emphasizes the lines of treatment which the writer has found to be valuable in his hands, and which the generality of books treating on the subject refer to a manner not calculated to secure their adoption in individual cases. His remarks on the climatic treatment of consumption are singularly practical, and replete with the common sense which too seldom dictates the choice of a home for the consumptive. Routinism in the selection of the place to which a consumptive shall be sent is as unscientific as is routinism in the exhibition of drugs, and is more frequently fraught with disastrous results. Each patient must be considered by himself and when the climatic treatment is decided on it must have reference to the existing subjective condition and symptoms. The author in a clear style gives valuable aid in this direction to the practitioner who has taken the question of the patient's removal into consideration.

It has conciseness to recommend it and this is supplemented by the clearness of the author's narrative.

ELECTRICITY IN SURGERY. By John Butler, M. D. New York: Bœricke & Tafel, 145 Grand St.

Dr. Butler is known as a homœopath and although it would at first blush puzzle one to conceive of any difference in the use of electricity in the hands of the "allopath" and its use in the hands of the homœopath, the work nevertheless treats of its application in certain affections, in harmony with the law of similars,—the current exhausting the susceptibility of tissue to particular causes of disease. The book is well written and will be found valuable to others than those who are distinctively classed as homœopaths.

AN INDEX OF COMPARATIVE THERAPEUTICS, WITH TABLES OF Diferential Diagnosis, a pronouncing dose-list in the genitive case, a list of medicines used in homœopathic practice, etc. Samuel O. L Potter, A. M, M. D., President of the Milwaukee Academy of Medicine, Author of "The Logical Basis of the High Potency Question," etc. Chicago: Gross & Delbridge.

"The object aimed at this book is to present the therapeutics of the two great Medical Schools in the manner best adapted to comparative study and quick reference." The arrangement is very ingenious and although the book is only a 12 mo. of 280 pp. it is evident that it required a great amount of labor for its preparation. The treatments of "the two great Medical Schools" are arranged in parallel columns. It is quite interesting and will, doubtless, prove a valuable book to many.

Original Articles.

Bright's Disease and Dropsy.

A PAPER READ BEFORE THE CLARK COUNTY MEDICAL SOCIETY MAY 11TH, 1882, BY ITS RETIRING PESIDENT T. M. CARROLL, M. D., SPRINGFIELD, OHIO.

Among the many diseases that afflict mankind, there are few more important, more fatal, or less understood than those of the urinary organs. Acute and chronic inflammation of the kidneys, with dropsy, suppression of urine, coma, convulsions and death were known in the earliest times of which we have authentic record. Hippocrates, who flourished 460 to 370 before the Christian era, discusses dropsy in the ninth chapter of his work on the internal organs. He advocated the employment of purgatives and diuretics for its cure. Cornelius Celsus, 250 B. C., advocated the use of diaphoretics, especially in the treatment of anasarcous dropsy. It was considered good practice in his time, in order to excite profuse diaphoresis, to bury the patient up to the neck in as warm sand as could be borne. Aretius, 98 to 117 of the Christian era, advocated the employment of leeches and opium, to meet certain indications, in the treatment. Aetius, in the sixth century, first practised the surgical method, by punctures, or tapping.

Volumes have been written on the subject of dropsy in different ages and languages, its nature, varieties, causes and cure, yet nothing definite was known regarding the true nature and pathology of diseases of the kidneys prior to the present century. In the year 1814 Dr. Blackall, of Exeter, published in London observations on the nature and cure of dropsies, in which he clearly described the relationship existing between dropsy and albuminuria. He asserted his belief in the then popular, prevalent, phlogistic theory of its causation. The leading physicians in America at that time, also, including Dr. Rush, believed the blood to be in an inflammatory condition in all cases of dropsy. In the year 1827 Richard Bright published in London a select report of 100 cases of fatal dropsy. This publication, like that of Wm. Harvey in 1628, announcing the circulation of the blood, and that memoir of Edward Jenner, June, 1798, on vaccination as an antidote to the plague of small pox, marked an epoch in the history of medicine, and justly entitled the English physicians to wear the greenest laurels of the profession. Dr. Bright first directed the attention of the profession to the fact that certain morbid conditions of the kidneys co-exist, and that a secretion of albuminous urine is frequently usually associated with dropsy. He figured in a series of plates some of the conditions and microscopical appearances of the kidneys which he had observed. He noticed the coincidence of the cardiac disease in forty-nine of his cases, which he considered an "effect of the kidney lesion, inasmuch as

the altered quantity of the blood so affected the minute and capillary circulation as to render greater action of the heart necessary to force the blood through the distant subdivisions of the vascular system." He regarded the different conditions of the kidneys in the acute and chronic affections as "representing different modifications of diseased action."

The profession were so delighted with the revelations of Dr. Bright that the various conditions described by him were thenceforth collectively denominated Bright's Disease. Affections formerly considered under the head of dropsy became generically synonymous with Bright's disease. Inflammation of the kidneys, or acute nephritis, was called acute Bright's disease; chronic nephritis, or chronic albuminuria, became chronic Bright's disease. A controversy soon arose among pathologists regarding this classification, some adopting the arrangement of Dr. Bright, others rejecting it. Christison regarded the affection as representing different stages of the same disease. Frerichs recognized three stages, and the unity of the acute and chronic affections. Rokitansky described eight varieties; Rayer, six; Geo. Johnson, five; Goodfellow, five; J. Hughes Bennett, three; Aitken, two; Dickinson, three; Roberts, four; Rosenstein, five; Lewis, of New York, three; Flint, four; T. Grainger Stewart, of Edinburgh, three, with several stages; Haviland Hall, of London, seven. The busy practitioner weighted with professional cares, to which are often added those of a farm and household, laments this lack of harmony on the part of those worthies who have written volumes on Bright's disease. Virchow (Fenko) in his cellular pathology maintains that there are three main anatomical elements in the kidney—tubules, vessels and interstitial tissue—consequently there are three varieties of Bright's disease; one originating in each of these elements. When the lesion originates in the tubules it is called parenchymatous nephritis; when in the vessels, amyloid degeneration; when in the interstitial tissue, cirhosis. He asserts that these three different forms do not always appear unmixed, but that frequently two and often all of them are present in the same kidney. Unquestionably this view is correct and in harmony with that of Bright, Frerichs and Christison.

The acute form of Bright's disease is recognized as acute inflamatory dropsy, acute albuminuria, acute tubal nephritis, acute desquamative nephritis. In this affection there is acute inflammation of the membrane lining the convoluted tubes, followed by desquamation of the renal epithelium, which blocks up the tubes, preventing the free flow of water through them, thus causing dropsy. Morbid blood changes underlie this affection. Chills, thirst, anorexia, pain in the loins, vomiting, dry skin, pallid countenance, anasarca, ascites, hydrothorax, dyspnœa, drowsiness, apathy are among the prominent objective and subjective symptoms with morbid sediments in the urine, including hyaline, epithelial, fatty or waxy casts, demanding close attention and careful treatment on the part of the physician. Dr. Geo. Johnson, of Kings College, London, a noted authority, considers acute Bright's disease an essentially curable disease, as much so as acute bronchitis or pneumonia; the majority recover in from three days to three weeks. The prognosis being more favorable in the young and middle aged than in the old or feeble. The longer the symptoms continue without amendment, the graver the prognosis. The affection occurs at all periods of life, from infancy to old age. It may occur during a course of scarlatina or follow the desquamative stage two or three weeks after convalescence. It follows diphtheria, cholera, rheumatism, typhus and typhoid fevers, malarial fever, erysipelas, measles, phthisis, pregnancy, the abuse of medicines—chlorate potassa, cantharides, turpentine, copaiba and cubebs. Persons addicted to intemperance are subject to it as a primary affection. Such persons are liable to be seized with it after lying upon the damp ground or in the gutter. Temperate persons are often afflicted by exposure to wet and cold, or by being suddenly cooled by bathing or otherwise after exhausting exercise or labor. Sometimes the exciting cause cannot be ascertained. The treatment recommended in the books: Rest in bed, quiet, diluent drinks, milk diet, when it will agree, a gallon in 24 hours for an adult, or more if it be assimilated; dry cupping, hot fomentations over the loins, warm baths. Wet pack may be continued a day. Purgatives may be employed in special cases, when there is excessive dropsical effusion with urgent or impending cerebral symptoms. Best purgatives are sulph. magnesia, sulph. soda, elaterium, jalop, gamboge, cream tartar, calomel. When uremia threatens give purgatives freely as the strength will bear. Whenever thrombosis embolism or cerebral hemorrhage threaten, withhold purgatives and employ diaphoretics and diuretics. Of the former jaborandi is chief, of the latter digitalis is king. Honorable mention is due the various preparations of potash which in any form act on the kidneys.

Case in Practice.—Aug. 7th, 1881, was called to see Mrs. W., who had recently arrived from Penn., æt. 30, mother of four children, all living, youngest three years. Patient well developed above medium size and weight, light complexion, dark hair, blue eyes. General aspect of patient languid and anæmic, lips pale, cheeks blanched, complains of prostration of strength, nervousness, loss of appetite, constipation, frequent desire to micturate, urine scanty, high colored, limbs swell during the day, which partially subsides during the night. Frequent chills running down along the spinal column, tongue furred with dirty yellow coat, dyspnœa worse at night. Suffered from same symptoms the previous winter in Pennsylvania, was under the treatment of a competent physician. Improvement slight. Was now in fifth month of pregnancy and apprehensive of miscarriage,—catamenia having appeared—assisted in packing and moving household goods beyond her strength. Prescribed ergot fluid extract

¼ drachm doses every two to four hours, to control hemorrhage—patient to remain quiet in bed and partake freely of nourishing food. Ordered sulph. quinine in grain doses 4 times a day. Ferri tinct., 15 drops well diluted in sweetened water three times a day. Aug. 10, was called in haste; found patient in labor wasting profusely. Gave ½ drachm fluid extract ergot at once in water; found os uteri well dilated, pains vigorous, repeated ergot in 15 minutes which was soon followed by expulsion of fœtus in a state of maceration. Placenta remaining after failure of repeated efforts for its removal, ordered ergot ¼ drachm every two hours; continued iron and quinine. Assured that the uterus had firmly contracted left patient in care of husband after the application of suitable bandage. Visited patient the following day and saw the placenta which had previously been expelled. Discontinued ergot and gave citrate of iron, and strychnia three grain doses in port wine one hour before before each meal. Continued quiniæ. Saw patient on 18th, gaining, slowly saw her again on the 25th, up and doing her work, complans of swelling in lower limbs, vomiting in the morning after eating, deficient appetite, restless and unable to sleep. Continued quinia, gave digitalis fluid extract, one drop every three hours in the iron preparation; chloride, 20 drops to dose. Saw patient on Sept. 11; symptoms worse had taken some cold while washing. The limbs were now swelled above the knees, shoes could no longer be worn, face puffy, eyelids swollen, sleeps in chair or propped in bed, breathing difficult urine scanty high colored; distressing frequency of micturition; pulse weak, about 100 per minute, temperature 100° appetite deficient; color, as described by Dr. Bryant who saw patient about this time, was that of 'tallow candle;' specific gravity of urine not taken.

There was no chemical or microscopical examination of the urine made in this case, patient objected to furnishing a specimen. It ought to have been insisted on and done.

Here is a case of dropsy whose history antedates the pregnancy which was treated symptomatically with happy results. Ordered continuance of iron, quinine and strychnia; increased digitalis to two drops every three hours. Gave five grains hyd. chloridum mite followed by sulph. mag.; kept bowels open with cream tartar, gamboge, jalap, and sulph. soda in alternation. Continued treatment until Oct. 15th, 1881, at which date the dropsy had entirely disappeared; bowels were regular, cheeks rosy, sleep refreshing, appetite good, strength restored, and so continues to date.

Chronic Bright's Disease.—Standard authors are decidedly vague and contradictory in their descriptions of the various lesions embraced under this head. Sad experience has taught the race that it is a terribly fatal malady, daily making fearful havoc among those whose public labors are essential to the welfare of mankind. The affection embraces degenerative lesions of the kidneys usually characterized by persistent albuminuria and dropsy. The morbid appearances of the kidney vary with the stage of the disease. The patient is often carried off by some intercurrent affection. On examining the kidney the surface will be found smooth, the color white or whitish—in some cases a mottled appearance dotted with white or grayish points—the weight about 12 ozs. or more, normal 3 to 5 ozs. This is known as the large white kidney, and is the variety which follows the acute affection. A second form, differing widely from the large white, is the cirrhotic, granular, fibroid, contracted, gouty, red, small kidney of some English authors. In this form the organs are reduced in size and weight. Wilkes reported a case in which both kidneys weighed but 1½ oz. The surface is shrivelled and roughened. The size is not diminished in the early stage of the disease. The contraction or atrophy is in proportion to the duration or progress of the disease.

The third variety is known as the lardaceous, amyloid, waxy or depurative. This form is usually associated with similar condition of the liver and spleen. The amyloid kidney may be increased in size or not; in color it somewhat resembles fat bacon; on section it presents a translucent wax-like appearance. The causes which produce the acute affection, repeated and continuing give rise to the chronic. The very latest dictum quoted from Fothergill, attributed to Geo. Johnson, and nearest the truth, is "that renal degeneration is a consequence of long continued elimination of faulty digestion through the kidneys." In the majority of cases the disease comes on insidiously imperceptibly; months, even years, may pass away before its manifestations are evident to the patient or friends. Finally, when dropsy or dyspnœa have sounded a general alarm, the physician is called. Persons exposed to wet and cold, to sudden extremes of temperature, those engaged in sedentary pursuits, those suffering from exhaustive suppurative diseases, from lithiasis, scrofula, caries, necrosis, syphilis, are most liable to this disease. The practitioner who has charge of a case of Bright's disease, either acute or chronic, may expect to meet numerous and serious complications. Among the most notable may be mentioned cardiac affections, 49 per cent. in Bright's cases, 57 per cent. in Stewart's. Whether these are causative or consequent has given rise to adequate discussion. Congestion of the lungs and bronchi appears in about 25 per cent. of cases; pneumonia, a serious complication, 21 per cent. Sir Thomas Watson, a contemporary of Bright, observed that intercurrent inflammation was a frequent cause of the patient's death, the pleura being more frequently affected than either the pericardium or peritoneum. Gastritis was common, giving rise to nausea, anorexia, explosive vomiting, affections of the brain, apoplexy, proving fatal in 7 to 14 per cent. of cases. Affections of the eye, uræmic, amblyopia, albuminuric, neuro retinitis, the first in acute cases complicating pregnancy, unattended by any sign recognizable by the ophthalmoscope. The second of frequent occurrence in the latest stage of the cirrhotic or contracted variety.

Tubercles of the Lungs.—Some have regarded this complication as causative, others deny it. It was seen it 22 per cent. of Stewart's cases. The differential diagnosis at the bedside is impracticable and so far as present methods of treatment are concerned, immaterial. The diagnosis a few years since was securely based on the presence of albumen, which, with dropsy and renal casts, were regarded as pathognomonic. Observation and experience have established the fact that albumen may be absent in well-marked even fatal cases. On the other hand, it may be present in the urine of persons laboring under other diseases or of those who are in robust health. It is asserted by Fothergill that albumen may be present in abundance in the urine of persons accustomed to eating raw eggs, a practice by no means uncommon among drinkers. The presence of hyaline or waxy tube casts are considered of great importance by some authors. They are of great importance in establishing the existence of Bright's disease generically, but of little in the differential diagnosis of its different forms. Any form of tube casts may occur in any form of the disease and in any of its stages. All the leading varieties may occur simultaneously in the same case (Stewart).

The ophthalmoscope has revealed the presence of white exudations around the *maculæ luteæ*, which are believed to indicate the presence of Bright's disease and to be found in its early stages. Haviland Hall, Philadelphia, 1879. Dropsy is the oldest and most reliable prominent symptom and indicates the existence of inflammation in the tubules and disappears with the tubular affections. It is frequently absent in (cirrhotic) fibroid, amyloid or waxy cases. Flint, who examined 102 cases, informs us that complete recovery has rewarded faithful, intelligent, persevering efforts when dropsy was excessive; when hydrothorax and œdema of the lungs threatened imminent death; even after uræmic coma and convulsions, health has been restored. Dr. Thompson, Kings College Hospital, London, writes in *British Medical Journal*: The more I see of Bright's disease the more hopeful I have become as to its ultimate result when extensive and irremediable degeneration of the kidneys have not taken place.

In all cases of recovery from Bright's disease the preparations of iron have entered largely into the treatment. The perchloride and the syrup of the phosphates in doses as large as the system will assimilate. The treatment of chronic Bright's disease does not differ materially from that of the acute affection. Hydragogue cathartics, elaterium, sulphate and citrate magnesia, hot air baths, diruetics, sudorifics, according to special indications. Complications to be treated as they arise. The management in each case will depend upon the indications present from time to time. There is no routine or special medication applicable. Tonic regimen and treatment, as a rule, promise the best results. Beef tea and eggs, so useful in other diseases, is shown to be detrimental in Bright's disease, and so in diarrhœa of typhoid fever and dysentery.—(*British Medical Journal*, February, 1877.) Prof. S. Weir Mitchell, of Philadelphia, strongly advocates exclusive milk diet to which lime water may be added, as the latest and best treatment in addition to hygiene. *Medical and Surgical Reporter*, editorial, January 28, 1882, asserts that there is no drug at present known to the profession that possesses therapeutic value to any marked extent in this terrible and fatal disease.

The past and present history of our art gives promise of a still more glorious future. Though we are enabled to stay for a time the arrow of death, yet we need never hope to thwart immutable decree. It is written that all flesh is grass. "Mans days are determined; that his months are numbered, his bounds are set which he can never pass; he cometh forth as a flower and is cut down; he fleeth as a shadow and continueth not." The faithful physician "who, with toil of head and heart and knees and hands through the long gorge to the far light, has won his path upward and prevailed," or, striving manfully when and where no human effort could save, fails to longer delay the footsteps of those "who have received the summons to join the innumerable caravan that moves to the isles of fragrance, in those realms of shade from whose lily-silvered vales no traveler returns," will bow in reverend submission to the will of Him who doeth all things well.

320 West Main street, Springfield, Ohio.

Malaria Redivivus.

BY E. HALSEY WOOD, M. D., HERSEY, MICH.

On reading the caption of the article by Dr. A. G. Smyth, of Baldwin, Miss., in the NEWS of the 10th ult., my first impression was that Prof. Nægele had been at his old tricks of resurrectioning and that "malaria" had been raised and galvanized into life for the use of the other professors. Perhaps to them it has never been defunct and the theory of its non-existence is one of those "not established." Perhaps to them it is as much a disease-producing cause as it ever has been since it was first invented. To them, and to all who credit the doctrines as usually taught in regard to it, its existence is a mere matter of faith,—a dogma of the schools.

I have, heretofore, given my general views as to the nature of the congestive diseases and the causes which produce them. But it would seem from Dr. Smythe's article that he either does not understand them or that he still clings to the old belief because they do not sufficiently account for the phenomena of disease. He is willing to relinquish the old faith if he can be furnished with some reasonable and ready means of explaining the cause of the diseases termed "malarious." I gave him the environment of the individual "as a rational solution of the problem," and he does not seem to have accepted the theory; and yet the dogmas he cherishes stultify the elementary principles of etiology.

I will illustrate the matter by citing some cases Mr. A. G., æt. 23, applied to me for treatment for

an attack of tertian intermittent. On inquiring I learned that for some ten days prior to the onset of the disease he had labored very hard during the day, perspiring freely, and in the evening he had gone to fish in a neighboring stream, and always without a coat. He said that as the shades of night settled down he felt chilly but never so cold as to absolutely need the protection of his coat, and so he had gone without it. But on each evening after partaking of a hearty supper, and soon after digestion of the food consumed began, he was exposed to the effects of a chilly atmosphere in which he remained still. The process was repeated for several successive evenings. The blood in his body on these occasions forsook the surface and sought the internal organs; the functions of the chylo-poietic viscera were interfered with; and the nerves which supplied them with force became exhausted. Thus his disease was established. Had Dr. Smythe been called upon to treat this case he would have ascribed it to "malaria."

Mr. S. B., æt. 25, worked in a sawmill. In the evenings during the summer it was his custom after supper to seek the coolness of the lumber piles which rested upon sawdust heaps. Sawdust retains moisture, and always in the hottest weather feels cool to one's feet and legs while walking over it. Mr. B. sat over such heaps of moist sawdust, and amidst the coolness of the drying lumber, many summer evenings, and always neglected to wear his coat. When he went to bed he was completely chilled, and it was usually some time before he became sufficiently warmed by the bedclothes so that he could sleep. This sort of thing went on for a few weeks, and he was at length attacked with intermittent fever. If Dr. Smythe had attended this man, he would have attributed his illness to "malaria."

As in these two cases, so in every case of a similar nature, the cause or causes must be sought in the surroundings of the individual. Dr. Smythe believes that these cases of disease, and all like diseases, are due to a specific poison, because he has been taught so to believe. If he seeks to be freed from the thraldom of his erroneous belief, he has but to apply the first principles of the science he has learned to what he sees in his practice. Thus, by working out the problem in his own mind, the conviction will come to him, as well as to every man who thinks upon the subject, that the generally accepted theory of the "malarious" diseases is false. It is easy enough to find the *bacillus*, but it is as utterly irrational to connect it with disease in the relation of cause and effect, as it would be to teach that the octahedral crystals of oxalate of lime in the urine were the cause oxaluria.

I believe the time will come when, if any teacher of medicine in any lecture-room uses the term "malaria," except in a historical sense, he will be jeered by his class. It will matter little then whether it is now either dead, buried, or asleep, for the the theory and doctrines of its existence will have passed into oblivion.

Obstruction of the Trachea by a Grain of Corn—Death.

BY FRANK A. WEAVER, M. D., CHESTER, MICH.

Monday eve., May 29, I was summoned in great haste to see ——— Smothers, male, æt. 3 years. Upon my arrival, at 9 P. M., I found that the patient had been seized with "spells of choking, labored breathing, and croupy cough," as the parents described it, at about 2 P. M. during the day. They supposed the child was troubled with "worms," or was going to have croup or diphtheria, and had been waiting for symptoms to develop for the better, *or worse*, before sending for aid.

The paroxysmal suffocation, attempts at coughing, croupy breathing, etc., had developed to an alarming extent before they deemed it necessary to call me, but when I arrived I was informed that the patient was better.

Objective symptoms furnished but very little, other than the somewhat hurried respiration, the eyes, however, seemed to protrude more than natural. Tracheal and pulmonary resonance appeared, normal and on auscultation; I could observe nothing unusual. An examination of the throat revealed nothing that would indicate diphtheria, croup, or "worms." Pulse, 118; respiration, 25; temperature, normal.

I questioned the parents very closely, as to what the child had eaten during the day. They enumerated the different articles of food, among which they spoke of some common field corn, which had been "parched." It was while eating this that the mother discovered him in the act of choking. I naturally came to the conclusion that a portion of the grain had lodged in some of the air passages, and was the cause of the above phenomena. The apparent improvement on my arrival could be accounted for by the fact, that, perhaps the corn had become fixed at a certain point where it produced no discomfort, or perhaps it had been expelled, and swallowed during an act of coughing. Having made my mind thoroughly clear on the above, I sought measures to provoke, if possible, a paroxysm of symptoms, such as had been described to me, that I might confirm my diagnosis. Hence I gave him the following emetic: Pulv. ipecac grs. x, syr. simplex ʒ i. In about ten minutes he vomited freely, and in the vomited matters (mostly phlegm), were found two kernels of corn.

Following the vomiting there was no immediate return of the symptoms and I congratulated myself on my acuteness of perception and precision in diagnosis. I remained about one hour longer, during which time the child appeared perfectly well. I explained to the parents the nature of the difficulty, and assured them that the cause was now removed, and that the child would experience no further trouble.

I came home and heard no more of the case until the next morning, when a messenger came and said the child "was as bad as he had been the day be-

fore." I lost no time in getting to the place again, but when I arrived, found my patient dead. Still holding fast to my former opinion, (the correctness of which the parents by this time doubted), I attributed the death to a grain of corn which had entered the wind pipe. The only way I could verify my statement was by a post mortem examination, and consent to such examination was secured.

Autopsy, May 31, 9 A. M., 26 hours after death. Assisted by my brother, Dr. J. B. Weaver, of Roxana, Mich., the following appearances were observed: Examination of surface showed none of the signs peculiar to asphyxia, save the tranquil and somewhat discolored face. Larnyx was found empty and healthy. A large sized kernel of corn was, however, found lodged just beneath and closing up the rima glottidis, completely obstructing the passage of air to and from the lungs. The lungs were healthy with the exception of slight passive congestion posteriorly; no hemorrhagic effusion in the bronchi. The cavities of the left heart were empty. Those of the right heart and venæ cavæ only contained a few spoonfuls of blood.

Had I been present and discovered that death was imminent without interference, I should at once have proceeded to perform tracheotomy, as a grain of corn has never been known to retrace its way except in those rare cases in which it has remained sufficiently long to have undergone decomposition.

Selections.

PERCUSSION AS A THERAPEUTIC AGENT IN NERVOUS DISEASES.—By Dr. J. Mortimer Granville: With the cognizance of the leading physiologists and neurologists in England and on the continent, I have for some years past been employing carefully graduated and precisely applied percussion as a therapeutic agent in the treatment of nervous diseases and disturbances, on a principle of which the following statement, published by me in February, 1881, may be taken as a brief exposition:

"As far back as 1862–8, I was, in the course of certain clinical studies of mental and sensory phenomena, induced to believe that many forms of the sensation we call 'pain' were, in fact, unnecessary, and might be interrupted by appropriate mental and physical methods and appliances. My first observations were made in connection with the paroxysmal or recurrent pains accompanying the uterine contractions in the natural process of parturition. On May 4th, 1864, Dr. Graily Hewitt was good enough to communicate the results of my experiments and to show certain apparatus to the Obstetrical Society of London. In a paper 'On the application of extreme cold as an anodyne in the pain attendant on parturition,' a short abstract of which will be found in the *Lancet* of July 9th, 1864, I contended that the sensations of pain experienced by the parturient woman were not invariably synchronous with what, for want of a better name, we term the 'pains' of her labor; and from this and other premises—for example, the circumstance that the sensation is commonly 'referred' to some region more or less remote from the contracting uterus, or the dilating external passages, in which the real seat of the pain might have been supposed to be located—I deduced that the pain attendant on labor is neuralgic in its character. I had constructed small boxes or chambers of such sizes and shapes as to admit of their being conveniently applied to the supposed seats of the pain. These were filled with freezing mixture, and the effect of sudden contact in some thirty cases was to arrest the sensation of pain without in the least degree lessening the force of the uterine contractions. The experiment was, of course, simply interesting as bearing on the nature of the pain, as this process was too troublesome to admit of its adoption in practice; albeit some of the persons on whom I had the opportunity of trying my method experienced such striking relief that, on subsequent occasions, I believe they asked that the measure might be repeated. Having thus far persuaded myself that this form of pain was neuralgic, and that if the nerve affected could be strongly impressed, so as to change its *state of irritation*, the pain would cease, I proceeded to try the effect of rapidly tapping the skin over the fifth nerve in ordinary facial neuralgia with a Bennett's percussion hammer, using the ivory plexi-meter as a shield. The results obtained by this method were very remarkable. Still, I simply thought of arresting the morbid action by shock. Later on—it is only possible to sketch the outline of the inquiry—I was led, by the light thrown on Newton's doctrine of concords and discords by Grove's generalisation as to the correlation of forces, and, more recently, by Professor Tyndall's beautiful series of experiments with sensitive flames and musical burners, to believe that the results of the tapping were not, like the interruption with shock produced by the sudden application of cold, due to a mere arrest of the painful state of irritation into which the nerve had been thrown, but were, in fact, brought about by the extinguishment of some morbid—that is, either inordinate or disorderly—set of vibrations by the superimposition of another, incompatible or discordant, set of vibrations mechanically produced. With this notion I set to work to devise an instrument which should give a known number of blows per second, and thus admit of this new phase of the inquiry being pushed further. . .

"The sensation produced by the application of the instrument over a healthy nerve, so situated as to be readily thrown into mechanical vibration, closely resembles the effect of a weak dose of the interrupted current of electricity, and if it be prolonged the vibration will extend its area, exciting first formication or tingling, then a sensation of numbness, and finally some twitching of the superficial muscles. A nervous headache, and even migraine, may be induced by the application of the percuteur to the frontal ridges or the margins of the orbit. By the interposition of a thin plate of metal, or even stiff paper, the vibration may be readily propagated through a considerable region of the surface of the body, and in time the deeper muscles will frequently begin to act. I have even produced an involuntary movement, not unlike tendon-reflex, by applying the percuteur for some time over the ligamentum patellæ or the margin of the patella. Still more notable has been the fact that, by laying a sheet of paper over the abdomen, and moving the percuteur slowly in large circles round the umbilicus, the intestines have seemed to be excited to vermicular movement, and the bowels commenced to act. These results have not been constant, but have occurred with sufficient frequency to indicate that the experiments already made are worthy to be repeated. * * *

"I will take leave to say that I think these results go to support my theory that it is by the introduction of discord into the rhythm of the morbid vibrations of the painful 'state' the change which brings relief in neuralgia is effected. To apply the percuteur with a high rate of blows per second will aggravate the morbid state when that is itself a series of rapid vivrations; and in the same way a low speed of percussion increases, instead of relieving, the pains of a low-pitched and slow 'boring' or 'grinding' sensation. Acute or sharp pain is, I believe, like a high note in music, produced by rapid vibrations, while a dull, heavy, or aching pain resembles a low note or tone, and is caused by comparatively slow vibrations. A slow rate of mechanical vibration will therefore interrupt the rapid nerve-vibration of acute pain, while quick mechanical vibration more readily arrests the slower. The aim—if I am right in my conjecture—should be to set up a new set of vibrations which shall interrupt or change the morbid set by introducing discord. This is the principle. Failure in the application of this principle will, I believe, be found to explain the failure to put an end to the pain; and I have, accordingly, set as much scientific value on my failures as on my successes."

My method is, it will be seen from these extracts, based upon the hypotheses (1) that all nerve action, whether normal or morbid, is vibratile; and (2) that it is possible to influence and control abnormal vibrations—in the manner above described—by mechanical vibrations propagated to the nervous structures, in particular directions and at known rates of speed. It is not my present purpose to discuss these hypotheses, or the method in detail; but I am anxious to re-state, and now affirm, certain propositions, founded on experience, which, in previous intimations of the progress and success of my experiments, I submitted tentatively. They are these:

1. I have rarely failed, in a fairly large number of cases—many of them of several years' standing—to bring the cerebro spinal and, sometimes directly at others in secondary circuits, the sympathetic, ganglia under control, by the application of my percuteur over, or in mechanical relation through the adjacent tissues with, those ganglia.

2. I have in no instance failed to produce activity of the bowels, even in cases of previously obstinate constipation; and in many instances I have succeeded, within a short period, in restoring the periodic evacuation of their contents without recourse to drugs. This success alone places the method on a footing of value in daily practice.

3. I can now, in result of my more recent experiments, propagate the vibrations I produce along the trunks and into the branches of most of the principal nerves, from their centres of origin, or call them into action, reflexly, through the afferent nerves connected with those centres. In limited paralysis, and even in circumscribed scleroses, this power is of the highest therapeutic importance.

4. I can nearly always arouse torpid centres to action, and thus pave the way for their restoration to states of normal activity. Since it is physiologically certain that nutrition depends on exercise, and every part of the organism feeds in proportion as it works healthily, it is a great thing to be able to act thus directly on the nerve centres which are the seats of energy.

5. I can subdue the exaggerated reflex irritability of revolting subordinate centres, and replace them under the control of the higher contres, even in cases of lateral sclerosis.

Applying this facts—for such they undoubtedly are—to the needs of special nervous states, the practitioner will have no difficulty in perceiving that my method has great and obvious uses. I am anxious not to overstate the results I am obtaining, but they are such as to show that the physiological process of mechanical vibration is likely to prove a potent agent in the treatment of a wide range of maladies now the most intractable. It will afford me much pleasure to show the process to any medical man who will call on me. It is impossible at present to describe its details in writing; but I will gladly aid anyone in its application. My method has nothing in common with the "muscle-beating" and shaking to which you directed attention in your last issue. It is a system which must be approved and practiced by the profession exclusively. Nothing do I so much dread as its falling into unprofessional hands. I have been engaged upon it since 1862, shortly after which date some of the results were communicated to the Obstetrical Society.—*Brit. Med. Jour.*, March 11, 1882.

Discussion on the So-Called Virus of the Chancroid —The report of this discussion is given in the Proceedings of rhe Medical Society of the County of Kings, March, 1882. Dr. Sturgis gave a rapid review of the history of the development of our modern ideas of syphilis, in which he noticed how nearly John Hunter had hit upon the truth, and what important steps had been made by Ricord, Bassereau, and Fournier, and how the two latter had succeeded in proving, by the process of "confrontation," that venereal ulcers were of two varieties.

The next question to determine was, whether there were two varieties of the same poison, as certain experimenters found that the syphilitic chancre, if irritated. became auto-inoculable. To determine this point, Pick, under the auspices of Prof. Zeissl, inoculated syphilitic aubjects with the pus from acne, scabies, etc.. and obtained pustules resembling those from whence the pus was taken. With non-syphilitic subjects the results were negative. It would seem, then, that a certain constitutional condition was necessary in order that the inoculation should be successful. To determine whether this constitutional condition was necessarily syphilitic, Dr. Ed. Wigglesworth, of Boston, made some interesting observations while studying in Vienna under Zeissl. He was slightly run down from overwork in the hospital, but entirely free from hereditary or acquired disease. He inoculated his forearm three times with pus from an acne pustule on his own person. It was followed after three days by three pustules. Two other successive inoculations were followed by similar pus ules, but the action decreased in vigor. The conclusion drawn by the lecturer from these observations is, that there is no specific virus belonging to the so-called chancroid.

Dr. J. S. Wight held that irritation was at the bottom of all our pathology. Inflammation is the result, the sequence, and product of the irritation. Nobody doubts that there is a specific poison in hard chancre. We do not at present know what the poison in the chancroid is. It may be a specific pus cell that irritates some other cell, or there may be bacteria that cause the irritation.

Dr. B. F. Westbrook thought with Prof. Wight that this question resolved itself into one of irritation, but the difficulty is to find out the natu e of the irritation. The fact that specific viruses rather tend to increase in virulence might rather militate

against the theory that the chancroidal irritant was anything more than a result of a simple inflammation. It seems to die out by cultivation, whereas those viruses which are specific, as of small-pox, pyæmia, or anthrax, seem to increase in virulence by cultivation.

Dr. G. H. Atkinson has for some time treated chancroid as a local disease of inflammatory character and origin. He did not believe that the chancroid is like syphilis. If there is any peculiarity in the virus of chancroid, where is it developed, and under what circumstances (assuming that we have a true chancroid virus)? Whether its existence is temporary, for a few generations, or indefinite, there must be some particular locality for the development of this poison. It has occurred to him that the irritant secretions of the glands in the neighborhood of the glans penis, under the foreskin, have the power of developing the poison, or this is the soil for the propagation of the poison, which is there introduced into the system in its most virulent and characteristic form. One practical point had suggested itself to him, namely, the habit of beginning constitutional treatment (viz,, mercurial) for local sores. He did not care whether syphilitic or non-syphilitic, there is a bad habit, brought down from classic times, of beginning the treatment of local venereal diseases with constitutional remedies. If the patient has syphilis, there is a power in mercury to postpone the symptoms indefinitely, whereas if we wait until the disease goes through its local phase we are able to determine which is local and which constitutional.

Dr. Sturgis in concluding the debate, said that one of the points he wished to make was that by the term virus we are to understand something which infects the constitution, and which is constitutional: but since this term has been applied to many varieties which did not infect the constitution, an uncertainty exists as to the true meaning of the term. In regard to the question of the properties of pus, undoubtedly some are inoculable and some are not. Laudable pus is not. It must undergo a change before it becomes inoculable. What is the result? We get at once a sore, an ulceration. If we retain the term virus as something which produces a local irritation and a destruction of parts, then he did not see how we could properly exclude nitric acid. That is a logical conclusion, because here is a substance which produces an irritation and a destruction of the parts. Acid is merely destructive because it is an irritant. He claimed the same for chancroidal pus, and nothing else.

Dr. Wight asked Dr. Sturgis whether he regarded this unknown quantity as a chemical irritant, or whether it is a germinal matter which will propagate itself.

Dr. Sturgis believed the unknown quantity to be an irritant, an inflammation that produces irritation. It is purely a local irritation which corrodes the tissues and destroys them.

Quinine in the Treatment of Cholera Infantum.—The mortality reports among infants and young children are, in most parts of the country, greatly swelled during the summer months; and the greatest factor in producing this increase is what is commonly known as cholera infantum. Most parts of the country are particularly subject to it, while few localities enjoy an absolute immunity from it. With these facts so well known to the profession at large, comes the surprising statement of Dr. Otis F. Mason, of Richmond, Va. (Transactions of the Medical Society of Virginia, 1881): that he has not lost a case of cholera infantum since 1846. While attending a case of the disease at that time in a six months old child, he conceived the idea that it was caused by malaria; and venturing to give quinine, was gratified to obtain almost immediate relief in an apparently hopeless case. Since that time he has rescued large numbers of children suffering from this rapidly fatal disease, by the same means. He considers it a variety of malarial fever, and unhesitatingly says that the general adoption of his method will greatly diminish its mortality. Being called to a patient early, he administers from one-third to one-half a grain of calomel, with a few grains of sugar, on the tongue every half hour or hour, until the presence of bile in the alvine evacuations is evident. Gastric irritability, cold extremities, and heat about the head are to be met respectively by sinapisms, warm pediluvia, and cold applications. For delirium, coma, and convulsions the careful use of the cold douche is advised. Cold water, powdered ice, cool lime-water and milk, etc., are given to allay thirst; and small enemata of laudanum are resorted to, control excessive vomiting and purging. Along with all this comes the main feature of the treatment, the administation of quinine, which is to be postponed until late at night unless the case is urgent. If called to a case in the evening he waits until midnight and then gives to a child six months old and under, one grain of quinine every three or four hours until the pulse and temperature begin to fall. For a child one year old two grains are to be given. After the fever has subsided, the quinine, for the day, is to be suspended to commence again at midnight. Opium may be mixed with the minute doses of colomel, which should be continued until bile is clearly evident in the stools.

In the same volume of "Transactions" the same author, in his exhaustive paper on "The Physiological and Therapeutic Action of the Sulphate of Quinine," says:

"In cholera infantum I have witnessed the most beneficial effects from the employment of the sulphate of quinine. I was first led to use it in this fatal malady from observing the unequal distribution of animal heat to be discerned in the majority of cases, the strong tendency to congestion of the brain in the worst grades of the affection, and its simultaneous appearance and disappearance with malarial fever, etc. Given in sedative doses, I have not only seen these symptoms promptly removed, but also have generally observed the vomiting and purging to cease. I have seen it rescue cases in the last stages of the malady, when the extremities were cold and the patient in profound coma. Did the limits of this paper admit, I could relate almost miraculous recoveries from the use of the remedy in this disease, in apparently hopeless conditions. In cholera infantum I usually prescribe it in doses of one to three grains (carefully watching its effects lest sedative action might transcend the desirable degree) and repeating the doses every two or three hours, according to circumstances. In chronic diarrhœa following attacks of cholera infantum, I usually employ in small doses in combination with tannin and subnitrate of bismuth.—*The Obstetric Gazette.*

The Inoculation of Venereal Diseases in Inferior Animals.—Dr. Rebatel recently made some careful experiments regarding the inoculation of gonorrhœa, simple chancre, and syphilis upon the lower animals. In not a single instance was the experiment productive of positive results. The

pus of genorrhœa, applied to the mucous membrane of the eye or the urethra in dogs, rabbits, or guinea-pigs, was followed by no reaction whatever. The pus of simple chancre (chancroid) proved equally innocuous to these animals. The matter was inoculated beneath the skin at various parts of the body, such as the nape of the neck, the ears, back, snout, and groin, invariably with negative result. A similar experience had been previously encountered by Horand and Peuch, whose experiments were made at a veterinary institution upon dogs, cows, horses, and other animals. The result was the same with respect to the virus of syphilis. One of the experiments seemed strikingly conclusive. A young healthy bitch was inoculated by inserting beneath the skin of the groin on either side two indurated chancres—the ulceration not only being included, but the indurated zone of the chancre as well. The places healed by first intention and complete absorption followed, without even any signs of engorgement of the lymphatic glands. At about the same time a young dog had been inoculated by injecting the jugular vein with defibrinated blood from a patient with secondary manifestations of syphilis. The only effects produced were such symptoms as the severity of the operation and the sudden introduction of a considerable quantity of foreign blood into the animal's economy would easily account for, but nothing indicating any infection. Finally, these two animals were allowed to copulate. In due time the bitch was the mother of a litter of eleven pups, all of which were perfectly healthy, showing not the slightest trace of any hereditary taint. [These experiments are interesting, as showing how much less is the susceptibility of the lower animals to the venereal virnses than that of man, but they are far from proving the universal immunity of the lower animals. A single well-attested successful inoculation will outweigh any number of negative results. It is true, the data thus far afforded are very meager. The sores produced in the experiments of Turenne, von Welz, Diday, and others by the inoculation of chancrous matter may have been simple ulcerations due to irritation (not to contagion), and the cases of Bradley, Legros, and Klebs, who claimed to have produced symptoms resembling syphilis in certain animals by inoculation of syphilitic virus, lack corroboration. Nevertheless, the subject still invites inquiry. With the discovery of a way of transmitting syphilis to the lower animals advantages may accrue to syphilology of the greatest moment. The hope of producing by such transmission a modified form of the disease, with prophylactic powers allied to those of vaccinia, is not wholly a vain fancy, and still affords a legitimate motive for arduous research.]—*N. Y. Med. Jour. and Obstet. Review.*

On the use of Ipecacuanha during Labor.—The value of ipecacuanha as an emetic and expectorant has been well known and appreciated for an indefinite period. About two years ago my attention was drawn to an article written by a southern physician, in which it was affirmed that it increased the expulsive power of the uterus if administered in cases of tedious labor. I determined to give it a trial. During September of last year I was called to attend Mrs. C—— during her confinement with her third child. She had had sharp pains for nearly four hours. I found her in a very nervous state and greatly excited, and apprehending some calamity. On examination, introducing my finger into the vagina, I found the os hard, rigid, and undilated; with difficulty I passed my finger into the os, and just at its internal edge I noticed a constricting ring utterly devoid of elasticity. Her pains continued, but were very irregular, and after a period of two hours no visible effect on the rigid os was noticeable. I then administered a five-grain powder of ipecacuanha, repeating it twice at intervals of about twenty minutes. To my surprise, the patient soon became much quieter, and ceased her cries of pain, which before were to be heard distinctly all over the house. On making another examination, I found the os softened and dilating rapidly under the pains, which were now regular and strong. Labor was soon completed without further difficulty. I have used it in several cases since where the pains were irregular and the os rigid and undilatable, and always with benefit. I do not think it increases the muscular power of the uterus. It seems, however, to have a specific effect on the rigid os uteri, softening and relaxing its fibres, as well as a co-ordinating influence on the irregularly contracting uterine muscles, causing them to act in harmony. Opium and ergot are the only oxytocics of value at our command, but many serious accidents have followed the injudicious use of the latter, and its effects are often far from what we desire. Hence, the discovery of any remedy which will alleviate the sufferings which the parturient female has to undergo during protracted labor and hasten its favorable termination, will be heartily welcomed. I would much like to hear the experience of other physicians whose obstetric practice will allow of their giving it a fair trial.—*Dr. L. F. Pitkin, in Medical Record.*

Prevention of Ophthalmia Neonatorum.—Credé's article on "The Prevention of Ophthalmia Neonatorum" is of considerable practical interest. The method which he follows was employed in a series or two hundred cases at the Leipsic lying-in establishment, and a similar method has been followed by Olshausen, Haussman, and Abegg in another series of four hundred cases. After the funis has been tied and the child's body bathed, the eyes are cleansed with water, at the proper temperature, upon a small rag, and a single drop of a two per cent. solution of nitrate of silver is allowed to fall into each eye, from the end of glass rod. No single one of the children so treated suffered with ophthalmia during the first seven days of life. The success in these cases warranted Credé in urgently recommending a method of treatment so simple to anticipate any trouble which might come. The mothers in these cases represented all conditions as to the genital organs: syphilitic, gonorrhœal, catarrhal, clean and unclean. Disinfection of these organs was not always possible, since some of the mothers were already in labor when admitted. According to the author's opinion, the nitrate of silver is the most effective and least dangerous substance for application to the eyey. He objects to a stronger solution than the one mentioned. He considers its effect more certain than that of the various solutions of carbolic acid, salicylic acid, thymol, boracic acid, and the rest. Poisoning from the use of carbolic acid has been reported by Zitt, Genser, and Monti. If ophthalmia occurs afte the first day, it is to be attributed to some other cause that infection srom the mother. Coming after this time, it is also apt to take the character of a simple conjunctivitis. If the nitrate of silver were not applied at birth, the application should be made, in the manner described, as soon as the disease appears. It should be repeated subsequently, once a day, as circumstances require, and a small bladder of ice should be laid upon each eye —*N. Y. Med. Journal and Obstetrical Review.*

Formulary.

TREATMENT OF ECZEMA.—Dr. Lassar attaches great importance to the use of antiseptics. He recommends that the parts affected should be at first well soaked with antiseptic oil, of which a considerable amount is absorbed by the skin. A muslin bandage soaked in oil is then applied and covered with oil silk. The oil may be rendered antiseptic by the addition of one or two per cent. of carbolic acid, or of salicylic acid, or one and a half per cent. of thymol. Sometimes the carbolic acid can be borne only for a short time, as it will of itself produce eczema. The thymolized oil is especially useful in pemphigus and erysipelas, and it has been used in burns. Rape-seed oil may be used in place of the more expensive olive oil, but drying oils, such as linseed oil, are to be avoided, as they may cause inflammation. In chronic eczema, especially in infants, and in eczema of the face, he recommends an ointment. The formula for an ointment in eczema of the face, which can not be rubbed off during sleep, is:

Salicylic acid	ʒ ss
Oxide of zinc, Starch	āā ʒ vjss.
Vaseline	ʒ xiij.

—*Annales de Dermatol.*

DIARRHŒA.—In certain cases of diarrhœa characterized by a want of intestinal tonicity, A. W. Hagenbach, M. D. (*Chicago Med. Jour. and Exam.*), has used the following with marked success:

℞ Olei terebinth.....fl. ʒ ij.
Tinct. opii.....fl. ʒ iij.
Syrup. krameriæ.....fl. ℥ ij.
Aquæ puræ, ad .....fl. ℥ iv.

M. Emulsify. Sig. A teaspoonful every three or four hours.

PUERPERAL ECLAMPSIA.— Dr Theodore Trumbull (*Chicago Med. Jour. and Ex.*) reports a case of puerperal eclampsia in which, failing to observe any decided effect from chloroform (Squibb's), he found the following effective in warding off a second attack:

℞ Chloral hydrat.....gr. cccxx.
Potassii bromid.....ℨ j.
Tr. opii deodorat.....fl. ʒ iv.
Aquæ.....fl. ℥ iijss.

M. Sig. A dessertspoonful in a tablespoonful of water every three hours.

FORMULA OF LIQUOR PHOSPHORI.

℞ Phosphorus..... 10 gr.
Alcohol..... 10 fl. oz.
Glycerine..... 10 fl. oz.

Heat the alcohol by placing the bottle in hot water, add the phosphorus, agitate until dissolved, then add the glycerine; and when cold make up to measure 20 fluid ounces, with alcohol strength one-sixteenth grain in each drachm.

TREATMENT OF DIPHTHERIA BY CYANIDE OF MERCURY.—Dr. Rothe (*Deutsche Wochenschrift*) reports 34 cases of diphtheria successfully treated. He uses the cold pack, hourly changed, thrice daily, rapid penciling of the gums, etc., with the following:

℞ Acid. carbolic.....pt. j.
Spir, vini gal.....pt. j.
Tincturæ iodini.....pt. j.
Glycerinæ.....pts. v.

Internally the following:

℞ Hydrarg. cyanid.....centigr. 0.01. (gr. 1-6)
Aquæ destillat.....grm. 120. (ℨ iv)
Tinct. aconiti.....grm. 1. (ʒ ¼)

Misce. Dessert-spoonful every hour. For young children the dose is to be proportionately diminished.

"CHLORALUM" FOR DISINFECTING PURPOSES — This disinfectant may be prepared from the following formula:

℞ Powdered alum..... 10 troy oz.
Solution chlor. cal..... 15 fl. oz.
Water to make..... 100 fl. oz.

Dissolve the alum in about four-fifths of the water by the aid of heat; add the solution of chloride of calcium; filter, and add enough water through the filter to complete the quantity directed.—*Druggists Circular.*

FORMULA OF LIQ. ARSENIC BROMID.

℞ Acid. arsenious, potas. carb... āā 1 drachm.
Bromine, by wt ..... 2 drachms.
Aquæ.....12 ounces.

Dissolve the acid with the potas. carb. and water by the aid of heat. Digest until colorless. Dose, three to four minims twice a day.

POWDER IN MIGRAINE.

℞ Quinidiæ sulphat.....gr. xxiv.
Caffeini and acidi tartarici.....āā gr. xvi.
Morphiæ.....gr. viij.
Sacch. Alb.....ʒ ijss.

M. Powder, and divide into five equal parts—one to be taken morning and evening alone, or in a cup of coffee without milk.

ARSENICAL SOAP.

℞ Camphor.....4 oz.
Arsenic.....1 lb.
Prepared chalk.....1 lb.
Potas. carb.....4 oz.
Oil of origanum.....1 oz.
Soft soap.....2 lbs.

Powder the camphor with a few drops of spts. of wine, sift with the chalk, then mix in the arsenic and oil and sift again: melt the soap and potas. carb. until free from lumps, then stir in your powder. The above form has been highly commended by the leading naturalists that have visited Australia.

it are, however, excusable in the fact that the notice given by Dr. Woodward of his inability to preside was very short.

At the close of the address, Dr. William Brodie, of Michigan, exercised his time honored privilege of moved a vote of thanks and referring the paper to the committee on publication. The motion was, of course, unanimously adopted.

The W. C. T. U., ever anxious, in season and out of season, to advance their cause, presented through Dr. N. S. Davis, a preamble and set of resolutions denunciatory of alcohol, and asking the Association to urge upon the various State legislatures the necessity of educating the youth of the land in the physiological effects of the drug. The preamble and resolutions were referred to the judiciary committee.

Adjourned until 10 A. M., Wednesday.

WEDNESDAY, June 7, 1882.

The Association convened at 10 A. M.

Dr. Stone, from the committee of arrangements, read telegrams and letters from every point of interest in the city and state, inviting the delegates to visit them, and from the various railroads entering St. Paul offering free rides to all who wished to avail themselves of them.

The special committee appointed at a previous meeting to consider the question of journalizing the proceedings and establishing a weekly publication for that purpose submitted its report through Dr. J. H. Packard, of Philadelphia. While the report favored the establishment of a journal, it recognized the many obstacles which must present themselves to the success of the venture. It estimated the expense of the publication, including printer's bill and salaries of editors, at $13,500. To raise this amount it would require a membership at $5 each of 2,700 prompt-paying members. The yearly receipts of the Association, however, have never exceeded $6,000, while at some meetings they have fallen as low as $2,500. It was thought that a considerable sum could be realized from the advertising department, but it would require a larger subscription list than that which could be furnished by the membership of the Association at any time since its organization to justify the publication of the journal from a business point of view. It would be necessary, moreover, in the event of the establishment of a journal, that the Association be incorporated, but to do this would lead to possible embarrassments in cases of discipline. The selection of a suitable editor would also be a question which would involve much difficulty. The report closed with a recommendation of a plan for starting the journal: that a circular letter be issued to the profession setting forth the merit of the proposed journal, and that if within three months 2,000 subscriptions be received the committee on publication, subject to the approval of the board of trustees, which must be appointed under the act of incorporation.

The report was received and made the special order for discussion on Thursday morning.

An amendment proposed at last year's meeting allowing permanent members who are not delegates the right to vote, was taken from the table and promptly voted down.

Dr. Charles Denison, of Colorado, introduced a resolution defining, for the benefit of the laity, what is meant by the term "regular" as applied to medical practitioners. The resolution was referrred to the Judicial Council.

Dr. J. A. Octerlony, of Kentucky, chairman of the Section on Practice of Medicine, read his address. He declared that there had been more advance in medicine during the past 25 years than in the preceding 2,500 years (!). The science of medicine has in that time undergone a complete revolution. Nervous diseases of all kinds in their most intricate forms are now successfully treated. Pulmonary consumption is no longer the dread disease it was once considered. Malarial diseases were long referred to an element so subtle as to elude detection, but they were now known to be due to parasites. All the important knowledge now in the hands of the profession has been contributed by regulars and not by the irregulars.

[We are charitable enough to hope that the reporter, who undertook to give but an abstract of Dr. Octerlony's address, badly distorted it.—ED.]

The Judiciary Council submitted a partial report covering the resolution introduced last year, proposing an amendment of the code looking to a definition of its position on the question of trade-marks, copyrights and patents on medicinal combinations; and covering also the question of the admission of the New York State delegates. The following is the portion of the report covering these points:

In regard to the resolution concerning the use of certain remedies controlled by a patent, copyright or trademark, which was reported from the section on practice of medicine, materia medica, and by the association referred to judicial council last year, the council has decided that inasmuch as the resolution includes matters not referred to in the code of ethics, and said code contains all that is necessary for the guidance of the medical profession, therefore the resolution should not be adopted by the members of the association.

In regard to the protest against the receiving of delegates from the New York State Medical Society, which was referred to it, the judicial council decide as follows:

Having carefully examined the code of ethics adopted by the New York State Medical Society at its annual meeting in February, 1882, as furnished us by the secretary of said society, the judicial council find in said code provisions essentially differing from and in conflict with the code of ethics of this association, and therefore, in accordance with provision of rule 9 of the by-laws of this association, decide unanimously that the said New York Society is not entitled to delegates in the American Medical Association.

The morning session of the general body was closed by a paper by Dr. H. O. Marcy, of Boston.

The general session adjourned at 1 P. M. to meet at 10 the following day.

THURSDAY, June 8th.

The Association convened in general session at 10 A. M., the Rev. M. N. Githert opening the meeting by asking for it the Divine guidance.

Dr. Stone, from the committee on arrangements, invited the delegates to an excursion to Stillwater, and a banquet at the end of their journey.

The committee on nominations, through its chairman, Dr. Foster Pratt, of Michigan, submitted the following report of officers for the ensuing year, which was unanimously adopted:

President—Dr. John L. Atlee, Philadelphia.

First Vice-President—Dr. Eugene Grissom, North Carolina.

Second Vice-President—Dr. A. J. Stone, Minnesota.

Third Vice-President—Dr. J. A. Octerlony, Kentucky.

Fourth Vice-President—Dr. H. S. Orme, California.

Treasurer—R. J. Dunglison, Pennsylvania.

Librarian—C. H. A. Kleinschmidt, Washington.

Members of Judicial Council—N. S. Davis, Illinois; J. M. Brown, United States Navy; X. C. Scott, Ohio; M. Sexton, Indiana; N. C. Husted, New York; Wm. Lee, Maryland; J. E. Rives, West Virginia.

OFFICERS OF THE VARIOUS SECTIONS.

Practice of Medicine—J. H. Hollister, Illinois, chairman; J. G. Lee, Pennsylvania, secretary.

Surgery and Anatomy—W. F. Peck, Iowa, chairman; Paul F. Eve, Tennessee, secretary.

Obstetrics—J. K. Bartlett, Wisconsin, chairman; G. A. Moses, Missouri, secretary.

Medical Jurisprudence and State Medicine—Foster Pratt, Michigan, chairman; Thomas L. Neal, Ohio, secretary.

Ophthalmology Otology and Laryngology—A. W. Calhoun, Georgia, chairman; Carl Seiler, Pennsylvania, secretary.

Diseases of Children—R. Blount, Indiana, chair man; J. H. Sears, Texas, secretary.

Dentistry—D. H. Goodwillie, New York, chairman; T. W. Brophy, Illinois, seretary.

Cleveland was selected as the place of next year's meeting.

Dr. N. S. Davis introduced a set of resolutions expressive of the approval of the Association of the establishment of a weekly journal and appointing a board of trustees whose duty it shall be during the coming year to issue circulars with a view to securing the sense of the profession on the subject in the form of pledges to subscribe to the journal. The following were subsequently appointed as such trustees:

For three years—Drs. Davis, Chicago; Moore, New York, and Toner, Washington.

For two years—Drs. Campbell, Georgia; Packard, Pennsylvania, and Connor, Michigan.

For one year—Drs. Hooper, Arkansas; Garcelon, Maine, and McMurty, Kentucky.

VARIOUS RESOLUTIONS.

Dr. A. L. Gihon, United States Navy, reported the following resolution from the section on State Medicine, and urged its adoption:

Resolved, That we deem it advisable and more conducive to the ends of justice, where medical men are summoned as experts, that they be so summoned by the court and not, as now, by the counsel on either side

It was laid on the table on motion of Dr. Pratt of Michigan. A rising vote was necessary and it showed 194 against and 82 for its adoption. Dr. Gihon then introduced a resolution calling upon Congress to support the Surgeon General in the establishment of a museum of hygiene already founded at Washington. It was carried.

Dr. N. S. Davis then read a communication from those physicians employed among the Indians asking that the constitution be so changed as to give them a representative in the association. As it required a change of the constitution by-law, it went over until next year.

The military committee of the United States Senate having recommended a reduction of the appropriation for the support of the army medical museum and library from $10,000 to $5,000, for the ensuing year, the association adopted resolutions protesting against such reduction in the name of science and asking Congress to restore the appropriation to the original amount.

Dr. Byrd, chairman of the section on surgery, read his address as such officer before the general session. The subject of this address was

EXCISIONS OF THE INTESTINAL CANAL WHERE COVERED BY PERITONEUM,

and was an able and exhaustive treatment of the question. The following is a brief abstract covering the salient points:

The history of excisions of portions of the alimentary canal by the surgeon, dates back but a few years and may be said to be the result of evolution beginning with McDowell's first ovariotomy. In cases of obstruction from stricture, medicine had failed for ages to afford relief, and surgery offered hope. Occasionally where the constriction was caused by the strangulation of an extruded bowel in hernia, the intestine would slough and be thrown out through an abscess, and nature would form an artificial anus. The great fear of entering the peritoneal cavity deterred surgeons from hoping for anything better or resorting to any more radical means for the relief of the poor sufferers. Dr. Nicholas Senn, of Milwaukee, in a very able and exhaustive report to the Wisconsin State society on the recent progress of surgery, says: "The results of the cases of excision of the stomach may not seem promising, but when we come to review the earlier history of anatomy the picture is nearly as dark, and it must be taken into consideration that many of these operations were undertaken after extensive adhesions had formed and neighboring tissues become involved. May we not hope with earlier and more accurate diagnosis that the diseased mass may be removed so as to restore the patient to years of health and usefulness? The details of the technique of the operation are so well described in a report of Dr. F. J. Lutz to the St. Louis Medical Society and published in April, 1882, that I forbear to quote. The remarks of the late Dr. John T. Hodgen relative to the operations were quoted in length. From the

cases and the analogous ones which the author has studied he draws the following conclusion:

First—Resections of the small intestine may be done to a considerable extent without interfering in any appreciable degree with digestion.

Second—Practiced under suitable conditions the operation is to be considered perfectly legitimate.

Third—The resection may be performed by bringing the divided ends directly into apposition and closing the abdominal wound, by forming an artificial anus. The second and third procedure expose to less subsequent danger.

Fourth—Resections of fibrous and cicatricial structure which are probably more frequent than is generally supposed may cause a radical cure, and the same is the case with epithelioma. On the contrary, resections of cancerous obstructions gives only temporary relief, and at a greater risk.

Fifth—By proper diet after the operation the risk of fecal extravasation may be reduced to a minimum, and the best diet for this purpose is one containing as little fluid as possible.

Sixth—By introducing liquids per anum, and drink in the same way, water is absorbed as by the mouth and there is no sense of thirst; the flow of intestinal fluids is less considerably and the patient is more comfortable.

My first case was that of a farmer of Seehorn, Ill., aged fifty-five. For years he had been treated for strangulated inguinal hernia, which could not be reduced.

Found him with clammy sweat, almost pulseless and unconscious. Cut for the hernia and found eight inches of the ileum and a piece of omentum the size of my hand gangrenous. The bowel had separated at the junction of the gangrenous and living portions, permitting extravasation of fecal matter. The omentum was ligated just above the gangrenous portion and the gangrenous part cut off. The ends of the ligature were left long so as to hang out of the wound. The sound omentum was dropped into the abdomen. The two ends of the bowel were stitched into the abdominal opening so that any fecal matter would be passed to the outside. They resembled to some extent the muzzle of a double-barreled gun presenting at the opening. The opening was left large enough to permit the insertion of the nozzle of a syringe into the abdominal cavity so that it might be washed clear of any bits of fecal matter or inflammatory products. The cavity of the abdomen was syringed out with tepid water, a teaspoonful of table salt and carbolic acid to the gallon night and morning. Quinine and nourishing diet was ordered liberally. The patient rapidly recovered and two months later was operated on for the cure of the artificial anus. * * * *

Heretofore the closure of the artificial anus in many cases has been looked upon as a very difficult thing to accomplish, but I think the plan devised for its cure will make the cases few indeed where it cannot be done.

The paper was attentively listened to and referred to the surgical section for disposal.

Dr. A. L. Gihon, chairman of the section on State Medicine, next delivered his address. Although the paper occupied over an hour in its reading, it was listened to with rapt attention throughout—an attention due in a large degree to the intrinsic value of the paper itself, but also significant of the growing interest which the profession is taking in sanitary matters. It opened by a reference to the comparative lack of interest in the subject which had heretofore been too largely characteristic of the medical profession. This lack of interest is due to the lack of encouragement which the people extend to sanitarians, not holding the physician's services in the prevention of disease as of any monetary value. The fact is plainly evident that neither the association in general, nor those especially addressed, have that spontaneous concern which the subject demands.

Benighted pagans employ physicians to keep them well, and cease their stipend when disease stalks in, but the most civilized and self-sufficient of races limits the functions of medicine to the relief of ills they have deliberately inherited, and without his office paraphernalia, his prescription papers and his pocket cases says to him, "What have we, who have neither ache nor ailing, to do with you?" Hence, it is not strange that the physician himself has come to look upon this as the chief function of his office, especially as it only brings him his daily bread; that associates of medical men have less interest in the problems of health preservation than in the manner by which the evil effects of disease may be overcome, and profits and revenues accrue from working miracles, and that when doctors meet the ethical apple of discord has only to be thrown into their midst to make them squabble like children as to who shall and who shall not be recognized in the guild of bidders for public patronage. When the physician can practice his vocation in a community where his first thought can be given the unventilated room, the foul drain, the faulty and intemperate diet, the contaminated water; when he can prescribe fresh air for the pallid cheek and nutritious food for the dilating pupil, and exercise for the flabby muscle, and thick shoes and stockings and proper underwear for the fragile girl braving inclement weather, and sleep and rest for the worn, torn brain, instead of ringing changes on iron and quinine and strychnine; when to be considered to have earned his fee he need not sit mumbling over the sick-room ritual; "Let me feel your pulse; let me see your tongue; how are your bowels?" and then gravely muse while writing a harmless placebo which shall go to enrich an apothecary, or put in the stomach some drug with a vague idea of its doing something; when medical schools shall themselves exalt hygiene to its proper eminence, instead of giving it a quasi-recognition as a tail-piece to the chair of physiology, then the section of State medicine will not be compelled to beg for favor in the American Medical Association, but its standard will overtop the rest. But this will not be until health primers are placed in every child's hands as soon as it can read, and the masses of the people are educated to understand that

HEALTH IS NOT THE HAND-MAID, BUT THE MISTRESS.

Had Askelep been legendized as Hygeias' bastard son, instead of her father, she would have received, as she deserves, the greater homage.

So long, however, as society in its highest development of rank and culture ignorantly jostles and wedges itself in contracted saloons and drawing-rooms, already defiled by blazing gas jets and defective furnaces, where hundreds of lavishly dressed human machines befoul the air and poison one another with the noxious gases and their own effete animal products, in deadlier quantity than the ragged rabble which herd in the open streets, and call this pleasure, so long as godly people drouse and yawn in badly ventilated churches surcharging their

brains and impairing their minds by blood not half aerated; and ungodly ones exhaust their whole reserve force to resist the insanitary influence of the no less badly ventilated theater and exhibition hall, and call the one pious worship, and the other rational amusement; so long as men toil to amass riches and then build residences, palatial, semi-palatial or sham-palatial, and in the name of luxury, and æstheticism floods them with artificial light and heat to consume the oxygen which prince and beggar both must breathe, and admit the invisible filth by the same sumptuously decorated closet and bathroom. by which they think to exclude the vile necessities of humanity, which prince and beggar alike can not escape, and call this comfort and refinement; so long as our children are sent to overcrowded, and unwholesome schools (sixty-seven cubic feet, reports Sanitary Inspector Moreau Morris, as the average for 715 scholars in a New York primary school of this day), where their eyes are bleared, their hearing dulled, their plastic bodies distorted, and their brains fuddled, and this called education; so long as men and women daily violate in themselves and in their children, the simplest precepts of hygiene; parents countenancing half dressed daughters, wearing out their strength in unwholesome ball rooms, seeking the slumber that cannot refresh, only when the dawn appears; some launched upon the world to encounter physical wreck in a thousand channels, where no beacon warns of danger; old men, senators, judges, divines perchance learned doctors, uncomplainingly breathing the foul air of public conveyances and apartments, in which every door and window has been carefully closed and every ventilation carefully ignored; streets reeking with filth, which decrepit laborers play the farce of sweeping in broad daylight, and whole blocks of buildings, in fashionable quarters, hermetically sealed from garret to cellar to exclude night air, what can State medicine hope to accomplish in legislative chambers and halls of congress which are themselves evidences of sanitary ignorance, sanitary neglect and sanitary indifference?

The indefiniteness of the purview of the State medicine section was illustrated by its scheme of organization up to the past year, when it was what Dr. James F. Hibbard justly termed a quintuple monstrosity—a single body with five heads of medical jurisprudence, psychology, chemistry, state medicine, and public hygiene.

The first annual report of the

NATIONAL BOARD OF HEALTH,

which has just appeared, enumerates the principal operations which it has undertaken or had in contemplation during the first year or two of its existence.

These may be epitomized as follows:

First—The collection of information and advice from the principal sanitary organizations and sanitarians of the United States as to the best plan for a national health organization, including the subject of quarantine, both maritime and inland, and the relations which should exist between State and local systems of quarantine and a national quarantine system.

Second—The collection of information with regard to the sanitary condition of some of the principal cities and towns of the United States, with special sanitary surveys of the coast of New Jersey bordering on the New York harbor and of Memphis, Tenn., etc.

Third—The appointment of a commission to investigate yellow fever in the island of Cuba.

Fourth—The collection of the sanitary laws of the United States and of the several States, including not only the statutes but the decisions of the several courts on all questions involving the public health.

Fifth—Investigations as to the best method of determining the amount and character of organic matter in the air; as to the effects of disinfectants, and especially the composition and merits of patent disinfectants; as to the adulterations in food and dress; as to the diseases of food-producing animals; as to the flow of sewers in relation to their sizes and gradients; as to the influence of various soils upon sanitation, especially with regard to drainage and methods of disposal of excretion; as to the outbreak of diphtheria in northern Vermont, etc.

Sixth—The suggestion of legislation to improve the sanitary condition of the mercantile marine.

During the brief period of its existence it has established an admirable system of sanitary inspection and undertaken, as far as its limited authority permitted, the solution of the problem of inland and maritime quarantine. The government has a right to prevent the introduction of disease in men and things as an incident of commerce. A national quarantine is necessary not only to secure uniformity over our extensive seaboard, but to give satisfactory protection to these interior States which may be exposed to risk through local regulations, defective in character or framed to suit the special commercial interests of particular ports.

How this national quarantine is to be administered is the real matter yet open for discussion. I quote from my colleague in the navy, Dr. Turner, with whom I unreservedly agree:

"I am disposed from my own observations and experience to accept the position of M. Farnal, that the nature of all quarantine is determined by the sanitary condition of the ship. The whole point is to secure a clean ship, clean cargo, clean passengers, clean crew and sailing from a clean port. It is so simple, so plain, that it appears to me it could all be accomplished by the simplest code of naval hygiene —save the clean port, which, of course, is in the domain of municipal sanitation."

Mere paper quarantines are of no avail, and the real defense is the establishment of rigid sanitary inspection at every port of entry where national officers shall investigate all the circumstances of the loading the vessel, the climate and sanitary condition of the port whence she has sailed, the route and length of voyage, and themselves inspect cargo, crew and passengers, and determine intelligently whether the interests of the country require her detention one day or fifty days, or not at all.

A more intimate association of the State boards of health with each other and the national board is desirable. These State boards now differ widely in their organization and authority. The earliest established, most excellent and successful of these, and which has served as the model of all others, is that of Massachusetts, but it has been of late years overloaded and crippled by consolidation with the various charitable and reformatory institutions of the State.

Dr. Campbell, in rising to move that the paper be referred to the committee on publication, stated that the fact that if the American Medical Association did not carry out the great plan, it should not be blamed. The Association had been the father of the National Board of Health, and at the present time this country was only a few years behind the foremost country in the matter of sanitary measures.

Dr. Davis, of the Judicial Counell, announced that in regard to the communication presented by Dr. Denison and referred to the Judicial, the said counell find nothing in it requiring judicial aetion and therefore return the eommunieation to the Association for its own disposal.

The resolutions were read by the secretary, and a motion to lay them on the table being lost, it was agreed to take the resolutions up in the morning, the president withholding the vote which kept them from being tabled, in order to have a full expression of the Association.

After the reading of a report of the committee on meteorology, by Dr. N. S. Davis, chairman, detailing the plan on which the committee was working and promising deduetions at the end of four years' observation, the general session adjourned to the following day.

FRIDAY, June 9.

The Association met in general session at 10 A. M., Viee-President Dr. Hooper in the chair, and Rev. E. D. Neill officiating in his priestly capaeity.

The chairman of committee of arrangements, Dr. Stone, read another long list of invitations extended by citizens.

The librarian, Dr. Wm. Lee, read his annual report, which showed an addition of 167 distinet titles to the eatalogue during the year. The library now contains 4,448 volumes. The librarian asked $50 with which to help support the *Index Medicus*, and that amount was voted.

Dr. Keller, Arkansas, offered the following resolution:

Resolved, That in many of our large eities in the near future, if not now, eremation will become a sanitary necessity.

A motion to table was lost. It was then referred to the committee on State hygiene.

A motion to reconsider this last vote and have the matter settled at once was lost; 28 against reconsideration and 58 for.

The resolution offered on Wednesday by Dr. Denison, Colorado, at his request was then taken up for consideration. It had been referred to the judiciary committee and afterward back to the house for aetion, but after being discussed it was laid on the table.

REGARDING EXPERT TESTIMONY.

The following resolution in regard to expert testimony was introduced from the seetion on State medicine by A. L. Gihon, U. S. N.:

Resolved, That it is the sense of the American Medical Assoeiation that it will be eonduceive to justice and the dignity of the profession that medical expert testimony shall be given without having the appearanee of being in behalf of either side, but to be stated simply as faets.

The resolution was aeeepted and adopted amid loud applause.

MEDICAL EXAMINATIONS.

Dr. J. G. Thomas, Georgia, offered the following resolution.

Resolved, That the Association approve the organization of Faculties in Medicine having no other foundation than the examination for degrees as a measure which will increase the value of the present methods of education in medical colleges in this country.

Dr. Davis spoke on the subject; said the requirements of the resolution would make more requirements from the students and make their examination more impartial. The resolution east no slur on any faculty, neither did it limit in any way their present powers. He was a teacher, and had been for thirty years.

Dr. Gareelon, of Maine, opposed the resolution, and moved that it be laid on the table.

The result was obtained by a rising vote—ayes 75 to lay on the table, and 132 against.

Dr. Ranshoff, of Cincinnati, was opposed to this plan, claiming it would add additional expense, and it was a slur on all the teachers in the country. He was in favor of a national law, but until they had it such a resolution was of no use.

Dr. Gihon was

OPPOSED TO TAKING DOWN THE BARS.

He was also opposed to fighting the homœopath, as the fight that has been made on them was giving them a trade-mark. He read a number of abstraets from graduates of colleges who had applied for credentials from an examination committee of which he was a member. The papers which, because of the numerous and bungling treatment advised in different eases, were greeted with shouts of laughter. At the conclusion of the reading, Dr. Gihon asked if this was not an indication that something should be done at once.

Dr. Carpenter, Kansas, thought the fact of the graduates being so poorly informed was owing to the State universities being governed by polities, and that the homœopaths being better politicians than the allopaths caused that class to set the standard in the colleges.

Dr. Davis said he was fully in favor, and had been for thirty years, of the principles of independent examination, but now, having brought the matter to the notice of the Association, thought that the same should be further postponed.

This was done by a unanimous vote.

NOT NECESSARILY ALLOPATHS.

Dr. Denison, Colarado, offered the following resolution, which was adopted:

Resolved, That no aetion of this association, either in its code or its annual meetings, shall be construed to commit members of the American Medical Association to the adherence to any dogma, and members should have a care not to allow their names to be erroneously registered as allopaths, etc., in State and city registration of physicians.

A STIPEND FOR THE SECRETARY.

A motion was made to vote the usual amount to the secretary for his work, providing that amount was left in the treasury after defraying the expenses of the publication of the journal.

Dr. Toner thought that $500 was sufficient.

Dr. Davis wanted some definite sum mentioned.

The motion to make the sum $500 was lost, and $1000 ordered paid the secretary, subject to the condition of treasury.

AMENDMENTS TO THE CONSTITUTION.

Dr. Toner gave notice of a change in the constitution so as to make the secretary serve without compensation.

Dr. H. Goodwillie's amendment to Art. II., Sec. 8, permanent members, strikes out the words "but without the right of voting."

Dr. Pratt, of Michigan, offered an amendment to Art. XIII. of the by-laws, altering it so as to read that none but members present shall be eligible to the office of president, first vice-president, secretary, treasurer, chairman of section and member of the judicial council.

Dr. Keller announced an amendment allowing the committee on nominations until a date as late as September after the annual meetings to select the place of meeting.

N. S. Davis introduced the following:

Resolved, That after the next annual meeting the permanent interests and influence of this association would be best promoted by again holding every second meeting in Washington, as its home on common national ground and not as invited guests, while each alternate meeting should be held in such section of the Union as would be most useful in promoting the society organizations in all parts of our country. Adopted.

Dr. Wm. Brodie, of Michigan, moved a resolution of thanks to the various individuals and institutions who had contributed to make the occasion of the meeting a pleasant one from a social point of view. He also moved the following resolution which is somewhat significant in view of the denunciations which certain journals have of late years indulged in of what they have been pleased to call "the huge junketing parties:"

Resolved, That, by the adoption of this resolution, we express our desire to foster the social element of our profession, and we shall carry away with us life-long remembrances of this rich and prosperous section of our united country, and also the courtesy, the kindness and the hospitality of the citizens of St. Paul.

The resolutions were supported by Dr. N. S. Davis, and were carried "by a large majority."

On motion Dr. Davis, Chicago, was appointed to escort Dr. John L. Atlee, the president elect, to the platform. Dr. Atlee was greeted with loud applause, and on being introduded by President Hooper, made the following address:

Gentlemen of the American Medical Association: It is with no ordinary emotions that, by your partiality, I occupy a chair that I have seen filled by a Chapman, a Warner, a Stevens, a Knight. and a host of worthies, living and dead, who were and are the ornaments of our profession. I beg you to accept, gentlemen, my heartfelt thanks for the honor you have conferred upon me. I accept it also with gratitude as a tribute to the memory of a dear brother, who, were he living, would more deservedly occupy this position. My chief motive in coming here on this occasion was to assist in carrying out the instructions unanimously given by the Lancaster County Medical society to uphold the honor and dignity of our noble profession by putting the seal of condemnation upon the recent action of a State society; the sanction of which would have given character to a system of practice derogatory to common sense, and professional integrity. All honor, gentlemen, to the report of our judiciary committee. In the performance of my duties I shall endeavor to be firm and impartial and I trust that I may be supported by your kindness and courtesy in trying to uphold the right.

This short speech was received with cheers by the audience which, though small, was very enthusiastic.

After the passage of a vote of thanks to the retiring officers, the thirty-third annual meeting of the American Medical Association was declared adjourned.

Meetings of Sections.

PRACTICE OF MEDICINE.

TUESDAY, June 6th.

The section was called to order by its chairman, Dr. J. A. Octerlony, of Kentucky. In the absence of the secretary, Dr. T. N. Reynolds, of Michigan, was chosen to that office.

The first paper read was one written by Dr. J. Tyndal, of New York, on The Home Treatment of Consumption. In the absence of the author the paper was read by the secretary. Not being considered of sufficient value to warrant its reference to the committee on publication, it was on motion returned to its writer.

THE THERAPEUTIC ACTION OF POTASSIUM CHLORATE.

This was the title of the next paper, of which Dr. J. V. Shoemaker, of Pennsylvania, was the author. The paper opened with a history of this salt. In speaking of its external application he said: "The utility of this salt as a gargle in the treatment and cure of mercurial salivation and ulcers of the mouth and throat is universally attested. In the proportion of a drachm to a glassful of water it is of service as a gargle in the various varieties of stomatitis, often quickly relieving the dry, red, and follicular congestion of the mucous membrane, and healing the ulceration when it exists. As a local application and gargle in inflammation and ulceration of the tongue, patiently and long continued, more particularly in the latter, it seems to do more good alone, at times in combination with astringents, than any other remedy. Used either as a gargle, or applied locally with a brush, or by atomization, in simple catarrh of the anterior and posterior nares, and in simple and chronic catarrh of the larynx, it had been constantly used in many with positive and curative action.

He has used a solution of chlorate of potassium, one or two drachms to a half pint of water, as a gargle in diphtheria and phthisis. In subacute and chronic stages of otorrhœa an injection of chlorate

of potassium in the strength of five to ten grains to the ounce of water is often effective. In ozena a douche of a solution of the chlorate of potassium in the proportion of one drachm of the salt to a pint of water will cleanse and thoroughly disinfect the parts. As an injection, also, in leucorrhœa, in the strength of one or two drachms in a quart of water, it will often prove very useful by lessening the discharge and relieving all congestion of the parts should any exist. In gonorrhœa, used as an injection two or three times a day in the proportion of five or ten grains to an ounce of water, will very often produce an alterative impression upon the parts, and completely arrest the discharge. As an injection in chronic dysentery, in moderately strong solutions (dr. to oz.) its use has been recommended.

The chlorate of potassium will bring about a beneficial effect in chancroid, applied either as a solution or dusted over the parts. Also in obstinate and chronic ulcerations, gangrenous sores and ulcers, discharging fetid secretion, either alone or dissolved in water. In pustular eczema, the use of a solution containing one or two drachms to the pint of water, applied with old muslin, will very frequently lessen the discharge and heal the surface.

He then referred to its internal use, and said that the chlorate of potassium as a remedy in croup and diphtheria has been used with great advantage by many eminent and experienced practitioners, from the time it was first successfully applied by Chaussier in 1819, then by Hunt, Blache, Isambert and Drysdale and others up to the present day. It should, in both these maladies, be given in decided doses, in from five to thirty grains three or four times daily.

He has secured marked benefits in phthisis. In marasmus, particularly in children, the use of small doses of this salt has a very satisfactory and beneficial influence. He has administered from one to three grains, three or four times daily, to weak and puny infants, who would regain their nutrition and fatten on its use in conjunction with good food. In analmia it acts upon the relaxed mucous membrane of the digestive tract and so restores its functions.

In the eruptive fevers, such as scarlatina, morbilli rotherin and erysipelas, full and often repeated doses will very often fill the surface with arterial blood and bring out an abundant crop of the eruption. In erysipelas, it may arrest the poisoned state of the blood, and diminish the tendency to suppuration in the parts. It has also been said by some observers to be of service in typhus and typhoid fevers. For diseases of the skin the chlorate of potassium, given in various doses according to the ability with which the patient bears the drug, is of the greatest value either in modifying or curing very many cutaneous affections. It is especially efficacious in ecthyma and in boils, carbuncles, stys, pustular acne, pustular eczema and sycosis; it lessens the tendency in many to suppuration, and should this latter condition be established before administering the salt, it will be largely instrumental in overcoming the abnormal state of the system. Its effective action in carbuncles was very recently reported by Dr. Boardman Reed of Atlantic City, at a meeting of the Philadelphia County Medical Society, September 22, 1880. Dr. Reed stated that the salt had been used upon Dr. Shoemaker's recommendation who was in consultation with him. "The patient, a young girl who had two carbuncles, one on the back of her neck, and the other in front of the ear; they afterwards extended until the affected area was about five inches in extent. The patient was very weak. She became feverish and the pulse was rapid and feeble, very little hopes of her recovery were entertained until the chlorate of potassium was used in decided doses. Under good food with iron she rallied and became quite well."

He read his first observation upon the action of this drug in 1880, before the section of practice of medicine, New York City, and since that time he has not only had continued good effect from this salt but has also had from many physicians letters and short accounts of cases, commending the action of the drug and corroborating the results he reached. The doctor further showed the good effect produced from its use in scurvy, influenza, yellow fever, rheumatism, cyanosis, hemorrhagic diathesis, dropsy, syphilis, etc., and then gave the manner of its administration. He said: If the salt is given in small doses it will pass quickly and more readily into the circulation taken before meals, diluted with water. If, on the other hand, very large doses are administered it will probably be better borne by the stomach after meals. The dose will vary according to the affection and the condition of the patient. He usually gives it in from one-half to thirty-grain doses every one, two or three hours, freely diluted with water. In the above doses it is well borne by the stomach, even in those who are very weak and enfeebled. He generally begins with a small dose and gradually increases it until the patient shows some sign of its effect or he sees improvement in the disease. Those who are large, flabby, and apparently vigorous, will improve under smaller doses, as large amounts will sometimes serve to still more increase the quantity of fat on the body. On the other hand the pale, weak and enfeebled will bear much larger doses, and will often increase very rapidly in weight.

In the discussion of the paper which followed the dangers of the continued use of large doses of chlorate of potash were pointed out.

The paper was referred to the committee on publication.

After an informal discussion of the effects of tobacco, which elicited nothing of interest the section adjourned to meet the following day.

WEDNESDAY, JUNE 7.

The section convened at 3 P. M.

Dr. J. C. Tucker, of California, presented a paper by Dr. Gibbons of the same state, on the Astringent

Plants of the Pacific Coast. It was read by title and referred to the committee on publication.

Dr. John V. Shoemaker next read a paper on the

TREATMENT OF SYPHILIS BY SUBCUTANEOUS SUBLIMATE INJECTIONS.

Dr Shoemaker spoke at length of the progress in medicine of the hypodermic method of treating diseases, from its first use by Alexander Wood, of Edinburg, whose experiments date since 1853, up till the present time. Some three or four years ago, he began this treatment in all the syphilitic patients presenting themselves at the dispensary for skin diseases. In his practice he usually selected for his hypodermic injections a good glass syringe. Experience has proven to him that these were the best, the metal ones being unsatisfactory owing to the metal becoming corroded in using the sublimate solution; the hard rubber syringes were too fragile to answer the purpose, it needing but slight manipulation to break them. To these syringes he ordered specially long needles, the other needles not penetrating deeply enough, thus endangering abscess. Where a long needle is used and driven down to the cellular tissue no injurious results will follow. He also used different needles for different patients to prevent contagion. In using the solution he usually began on weak patients with one-eighth grain (10 minims) doses and continued the same every day until the disease showed no signs of abating or the patient experiences the constitutional effects of the drug.

In stronger subjects he began the dose at the same quantity, and gradually increased it, minim by minim, every second or third day, until the result had been obtained. After the patient had received a full mercurial impression in the manner above given, in case any of the syphiloderm should still be present, the doses were gradually diminished, just giving a sufficient quantity to keep the system under a gentle influence until all traces of the disease had disappeared. In some of the cases, especially those of an obstinate character, he was compelled to push the drug until he obtained the constitutional effects, which were marked by headache, vertigo, hyperæmia of the mouth, gums and cheeks, increased flow of saliva, difficulty of mastication, disturbances of digestion and diarrhœa before the syphiloderm would disappear. In others —who were peculiarly susceptible to mercury—all the constitutional effects followed after several injections of one-eighth grain, although he tried the peptones, chloride of ammonia, water and glycerine —together and separate at various times—without avoiding the stomatitis that Dr. Martineau has since reported did not result in his hands with all the above named combinations. He was always compelled in these cases to begin with one or two minims of the solution and gradually increase the dose, minim by minim, until he reached the point where the patient showed slight evidence of intoxication from the drug; and then decrease it. After using all the various combinations upon the cases under his care, he came to the conclusion that plain water and the sublimate gave the best results.

The parts which he usually chose for the injection were the infra-scapular and sacral regions, which are the least sensitive and are also supplied with a large quantity of subcutaneous cellular tissue in which to inject the solution. He has also made injections into the gluteal regions, on either side, into the tissues on the side of the thorax and into the thighs and legs, but his conclusions are that the infra-scapular and sacral regions are decidedly the best, as in his experience the pain of the injection is not so great or persistent as in the other parts. He would fill the syringe with the sublimate solution and with the needle pointed, open, and well oiled, he would pick up a fold of the integument, on one of the regions just named, with the forefinger and thumb of the left hand, and with the right previously everting the syringe and rapping it slightly, and then forcing out the air he would drive the needle down deep into the cellular tissue, while he gently pressed the piston to force out the contents. The needle was then slowly removed by rotating with the forefinger and thumb of the right hand, whilst the fingers of the left were used in pressing back the skin from its adherence to the needle; also in pressing out and distributing the solution in the surrounding cellular tissue, and in covering the point of the puncture of the needle; after which the syringe and needle were always well washed in plain water, oiled and a bristle run through the needle.

The skin surrounding the puncture would become a little red or swollen in a short time which would disappear at longer or shorter intervals, at the most in a few days time, though in some cases, they would remain for quite a time, forming hard spots, which would eventually disappear, as it were, by degrees, leaving no bad results. In the 113 cases treated there were neither inflammation nor abscesses.

Many of the patients to whom he gave the sublimate injections had had mercury previously given them by the mouth without any decided results either upon the disease or any toxic evidence of the absorption of the mercury by the intestinal canal. Others were totally unfit to receive the drug internally, being debilitated and broken down, or having weak digestive organs and an irritable state of the intestinal tract. In such patients it is poison in the system. It also enables the physican, as he did in the majority of the cases he referred to, to give tonic remedies by the mouth, together with a good substantial and nourishing diet which can be properly digested, and the combination will act promptly and effectually upon the disease.

He believes this method to be the most speedy and certain way of eradicating syphilis, and prevent at the same time a loss of flesh and vigor of the body that unquestionably follows pouring mercury or iodide of potassium into the stomach. The latter organ, together with the

intestinal canal, becomes irritable, the secretions become deranged, and the patient is usually debilitated and broken down in all respects after he recovers from a successful course of syphilitic elimination, the after effect being almost as bad as the former disease, or in case any trace of the syphiloderm remains the system is too weak to pursue further the internal administration of the drug. It is the belief of Dr. Shoemaker, where the hypodermic use of the sublimate has failed, it has been entirely due to the carelessness of the operator.

Dr. Gallagher, of Pittsburg, spoke in favor of the views advanced by Dr. Shoemaker, especially the original work which he had so ably deduced.

Dr. J. H. Bennett followed, and stated that he had made the same observations of the great gastro intestinal irritation that is often set up giving the corrosive sublimate by the mouth. He was very much pleased and interested in Dr. Shoemaker's paper, and when he returned home would give that method a trial in the many cases that caused him so much trouble to treat in his practice.

Dr. Frey, of New York, commended the results of the author, and on motion the paper was referred to the committee on publication.

Dr. Shoemaker, of Philadelphia, moved that Secretary Reynolds be instructed to ask the committee of arrangements to select for the coming year officers who will pledge themselves to be present, and will arrange to have on hand sufficient material for the work of the session.

Dr. Gallagher, of Pittsburg, most heartily coincided with the motion.

Dr. Bennett thought it was certainly right and proper, but he did not wish to reflect upon the present officials.

Dr. P. O. Hooper, of Little Rock, Ark., said here was the fact of a lack of interest by the officers—the motion must hit some one and correct the abuse.

Dr. Thomas N. Reynolds doubted the propriety of the resolution.

Dr. Brodie and others followed in the discussion, after which the motion passed unanimously—after which the section adjourned.

THURSDAY, June 8.

The section met at 3 P. M.

Dr. M. Donnelly, of New York, read a paper on

THE SALICYLATES IN RHEUMATISM.

Two and a half years of the use of salicylates of pottassa has proved to me the usefulness of the drug for the cure of acute rheumatism. Previous to its introduction the treatment of the disease by alkali proved at once correct in principle, safe and certain in practice, neutralizing the acid and restoring the blood to its normal alkalinity, but slow in action. When salicylic acid was introduced, physicians hastened to prescribe it. But it was soon found that very large doses of the remedy were required to obtain the desired results, and that such large doses cause, in a majority of cases, serious heart complications. Salicylate of soda superceded this preparation and was found a safer remedy, yet not quite free from the danger of inducing pericarditis and endocarditis, for though the combination of the acid with soda promised well in theory it has disappointed the expectations looked for, and I think because the drug being a neutral salt is not sufficiently alkaline to correct the acidity of the blood in acute rheumatism, and so long as the blood remains acid the danger of heart disease will exist. This theory has been proven correct by many eminent physicians the world over. My own experience bears out the above statement. But I was convinced that there was merit in salicylic acid, provided it could be employed with safety, and I made experiments hoping to find some alkali in greater proportion than soda, so as to produce a thoroughly alkaline salicylate, which I finally found in the bicarbonate of potash.

Two parts of bicarbonate of potash and one part of salicylic acid dissolved in a little water formed a neutral solution. The potash was then increased in quantity until one part of the acid united with two parts of potash—say ten grains of acid to twenty grains of alkali in a drachm of water—formed a clear alkaline solution. This solution, evaporated to dryness, left a strong alkaline salt of grayish color, sweetish taste, soluble in double its weight in water, which I called salicylate of potassa. The action of this remedy is very rapid. It becomes absorbed rapidly, and its influence is felt in a few hours in mitigation of pain. In mild cases the urine and perspiration become alkaline in character in a few hours, but in severe cases several days are required to effect these secretions. This point once reached improvement is progressive. The sediment in the urine disappears, the metastalic character of rheumatism goes with it, and the case goes on to recovery. The remedy is used until all pain and swelling are relieved, and it is then necessary to guard against relapses, which appear at this stage, owing to the lessened powers of resistance to cold of the patient, caused by thinness of the blood. To establish the rich, warm, normal condition of the blood is most readily accomplished by the use of an alkaline form of iron, and the best of all is tartrate of iron and potassa. As to the causes of rheumatism, most all physicians agree that abnormal digestive secretions take a prominent part in forming the lactic acid in the blood. This remedy is too valuable in the treatment of flatulence, pyrosis, heartburn and loss of appetite—in fact all symptoms of dyspepsia of the acid form—to be passed without mention. Its power in controlling fermentation first led me to prescribe it in flatulence given in powder after meals. It not only relieved this symptom but digestion improved under its use. With an experience of over 200 cases of dyspepsia cured by salicylate of potassa, I can unhesitatingly recommend it to any of the bitter tonics. It will be found successful in nine cases out of ten, the tenth one requiring mineral acids, owing to the bilious condition of the patient.

Dr. Hollister said that in Chicago there was much

rheumatism. He used the salicylates with much more benefit than was obtained with other remedies. Used fifteen grain doses every three hours of salicylic acid to reduce temperature. Their use should be guarded on account of their depressing influence on the heart's action. Salicylates were a local sedative to the nerve-extremities in the mucous membrane of the stomach.

Dr. Wykoff of Buffalo found anodynes unnecessary in rheumatism; used salicylate of potash with great benefit.

Dr. Gallagher of Pennsylvania found salicylate of soda good in rheumatism, and doubted the advantage of salicylate of potash over that of soda.

Dr. Thos. N. Reynolds of Detroit had used salicylate of soda with benefit frequently, but not invariably, in rheumatism. Believed cases should be selected, if possible, in the administration of any form of treatment. Had seen good results from hourly minim doses of hydrochloric acid in water alone, in acute rheumatism, which suggested to him that the alkaline treatment was not always an indispensable element in the treatment of rheumatism.

Constitutional and local miasmatic and climatic influences, often determined the line of treatment; and we should not rely too conclusively on any one drug or plan of management.

Dr. Kyle of Indiana thought salicylates of soda and potash useful; but found quinine and iron indispensable in malarious districts.

Dr. Shoemaker, of Pennsylvania, thought potash was required in the blood in rheumatism.

Dr. John A. Octerlony thought the soda and potassa salicylates were more particularly applicable in recent and very acute cases with high fever. In the obese, alkalies were more beneficial. In sthenic cases aconite and veratrum viride often produced most rapid and satisfactory results. In the anæmic and weak he preferred large doses of tincture of the chloride of iron.

Dr. Octerlony said that the acting secretary, Dr. Thomas N. Reynolds, who had performed all the onerous duties of secretary without the honor of a previous election, deserved the thanks of the section.

The following resolution, offered by Dr. T. B. Lester, of Missouri, was passed unanimously:

Resolved, That the thanks of the section on practice of medicine, materia medica and physiology be tendered the officers, Dr. John A. Octerlony, chairman, and Dr. Thomas N. Reynolds, secretary of said section, for the faithful, courteous and efficient discharge of their respective duties.

On motion, the section adjourned.

SECTION OF SURGERY.

TUESDAY, June 6.

The section met at 3 P. M., with Dr. Wm. A. Byrd, of Illinois, as chairman, and Dr. McColl, of Michigan, as secretary.

Dr. Carl Seiler, of Pennsylvania, read a paper on

ELECTRICITY IN SURGERY.

The object was to call attention to some instrument designed to obviate some of the difficulties heretofore experienced in the use of electricity for surgical operationa.

In his experience, the platinum knife of the galvano-cautery, in order to be serviceable, must have a fixed temperature varying according to the end desired. Having found that there was no battery which allowed of a fine graduation of the temperature of the knife, he had devised one which was so arranged that the plates were suspended above the liquid, and could be immersed by means of a treadle worked by the foot of the operator. The amount of zinc surface exposed to the action of the acid determines the amount of electrical current, and, consequently, the temperature of the platinum loop. In order to overcome polarization and continue the current for any length of time, he had introduced two cells containing the same number of elements, which could be immersed alternately by the treadle, thus always exposing a fresh surface to the action of the acid.

By substituting cells with partitions for each pair of plates, the battery can be used for the constant current, and for driving the electro-motor, such as used for running sewing-machines, and, by attaching the hand-piece of the dental engine to it, he had found it far superior to the ordinary engine in use for removing bone or exostoses in the nasal cavities, as its speed can be regulated to a nicety; and if suspended from the ceiling and balanced by counterweights, the hand is relieved of all weight, and is not affected by the movements of the foot working the treadle of the balance-wheel of the engine as orinarily used.

Dr. William Hill, of Bloomington, Illinois, read a paper on

ABDOMINAL SECTION FOR THE RELIEF OF INTUSSUSCEPTION.

Dr. Hill thought this surgical procedure was not resorted to until he successfully conducted one in 1855. He detailed the circumstances and symptoms leading to the case, which were caused by the patient eating unripe peaches without proper mastication. Attempts were made to relieve the patient by anodynes, hot fomentations and cathartics, but without avail. On the third day of the attack he observed a lump about the size of a hen's egg in the right iliac region. The case was diagnosed as one in which the ileum has become invaginated within the cœcum, and that nothing short of surgical interference could offer any hope of relief. No warrant could be obtained in the book at our command for the opening of the abdominal cavity. Chloroform was administered and an incision five inches in length made and the substance found and pressing the bowels the substance passed into the cæcum and disappeared.

The edges of the wound were approximated and secured by four hare lip sutures and with adhesive plaster, a compress and tight fitting bandage completing the primary dressing. The wound united by the first intention and on the sixth day the pins were

removed, and after a slight peritonitis the patient was able to be out of bed on the fourteenth day, and four weeks from the operation the recovery was complete. During twenty-seven years of surgical practice since the operation, many times I have wanted to repeat it in like cases, but on account of the strong medical opposition have not done so and the patients died. The success of Dr. Wm. A. Byrd, of Quincy, Ill., in operations of this kind, and the report of Edward Bellamy to the *British Medical Journal*, leads me to think the results obtained are full of encouragment to surgeons.

Dr. Peck, of Davenport. Ia , thought gastrotomy was a new theory in surgery and was entitled to a good deal of study. He detailed a case which came under his notice. The patient exhibited symptoms of sudden collapse, and an incision was cut, an opening made into the abdominal cavity, and about the same state of affairs as detailed in the case of Dr. Hill was found. The treatment was the same, and the patient was likely to recover.

Dr. Halleck, of Kansas City, states that he had had two cases such as detailed by Drs. Hill and Peck, but not with such satisfactory results. He thought there were a great many cases where the operation of gastrotomy was not advisable, but when it was it should be done early.

Dr. Lee, speaking next on the subject, said the difficulty lay in telling when was the proper time. In his mind, the earlier the better.

Dr. Peck continued, saying that three troubles arose: First, fear of interfering with the peritoneum; second, difficulty in situating the exact trouble; third, the difficulty in ascertaining the time to make the operation. He cited several severe cases of injury to the peritoneum, one being of a boy, who, falling from a distance, became fixed on a picket fence, bowels and peritoneum protruding from both the entrance and exit of the point of the picket; result—no rise in temperature or pulse to be noticeable, and no peritonitis following.

The sixth paper—Advances in Conservative Surgery of the Joints—by Dr. H. A. Martin, of Boston, Mass., was passed, but in its place a paper on

ANCHYLOSIS OF THE HIP

in the straight position, with report of an illustrative case by Charles C. F. Gay, surgeon of the Buffalo General Hospital, was read.

Anchylosis may be true or false True anchylosis may be straight or angular, partial or general; it may be limited to a single joint or involve them all at once. False anchylosis is the rule and true anchylosis the exception. No period of life is exempt from it. Childhood and old old age are subjects of it, and it is sometimes congenital.

In the movable articulations (diarthrose) we have both forms of anchylosis. It is most frequent in the hinge joints (ginglymus), and most rare in the ball and socket joints (enarthrodia). Anæsthesia is often necessary in order to differentiate the true and false or fibrous anchylosis.

Questions of risk to life and limb always present themselves when considering the advisability and feasibility of breaking up an anchylosed joint, and the first question that arises has reference to the probablility of obtaining such measure of relief of deformity as shall be sufficient to compensate one for the risks taken.

The second question has reference to choice of operations: the selection of that one which best promises immunity from danger, avoids the maximum of risk, and gives greatest guarantee of good results. The innocuousness of violent manipulation of anchylosed joints is most wonderful, yet we cannot ignore the fact that operations upon the larger joints are attended with more or less danger, which is sometimes, however, it must be conceded, more imaginary than real.

The statements of W. Mitchell Banks, F. R. C. S., and Erichsen relative to the indications for breaking up a joint where quoted, and Dr. Gay in his paper stated that if the statements be literally true, and if we have to acknowledge that modern surgery has no resources for straight anchylosed limbs, then this class of patients are in a hopeless condition. The case I herewith report, and which I illustrate, the risks of an operation by fracture will assist one in arriving to a correct solution of the questions involved better than from anything I can say, It is a case the treatment of which, though not carried forward to completion, nevertheless constitutes a contribution of some value to the surgery of anchylosis of the hip. A patient, twenty-two years of age, entered the Buffalo general hospital with the following history: He was healthy, unmarried, and a farmer, and in 1874 had rheumatism; had three different attacks. One year since he took a few doses of medicine for this ailment, which was followed by convulsions, became unconscious and remained so three hours, after which he was paralyzed. He gradually regained use of his arms and ankle joint, but the hips and knees became permanently anchylosed with the limbs in straight position so that the axes of the femur and the trunk corresponded. Before any attempt was made to relieve the limbs it was believed that the anchylosis was extra, and not intra-articular. The patient was willing, since he was obliged to maintain a recumbent posture, to undergo any reasonable risk provided encouragement could be given of relief.

Accordingly after agreement that if upon trial it was found impracticable to restore mobility to the joints, the neck of the femur should be fractured with the view of making a false joint. On March 26 the patient was etherized, when it was ascertained that the anchylosis was long and complete.

The pelvis was now secured to the operating table, the limb grasped at the great trochanter with both hands while assistants secured firm hold of the shaft at the femur. It required but little force for a short time applied to fracture the neck of the femur, but whether the fracture was intra- or extra-capsular could not be ascertained, nor was it material to know. The capsular ligaments were thought

to have been previously destroyed by disease. But little pain followed the operation, and on the second day the patient was comfortable and made no complaint. The limb had been brought up to a right angle with the body, but was left extended for a few days, after which motion was made and practiced from time to time. A little later the limb was suspended by means of a cross bar to which was attached a rope and pulley, the patient being able himself to move his limb in any direction. On May 7, six weeks after fracture, the patient was again etherized and the opposite limb fractured by the same method at its neck, and in addition adhesions of both knees broken up and the limbs flexed beyond a right angle with the thighs. The patient was put to bed with his limbs in a straight position, and an anodyne administered hypodermically as often as it was required. Much pain of the knees was complained of, but there was less inflammatory action than had been anticipated. On the 9th the pulse was 134, temperature 100; 10th, 109 and 101; 11th, 100 and 99½; 12th, 106 and 94¼. He rallied well from the shock of the operation, and no motion of the limbs was made for a few days. At length, when passive motion was made he bitterly complained of pain at the knees and required an anodyne, but it was subsequently ascertained that a few drops of water hypodermically injected, had just as soothing an effect as morphine, therefore no more of this drug was given during the subsequent treatment. About the middle of June, or six weeks after the last operation, the patient received peremptory orders to return home, and a brother came and took him away against our protect. At this time there was no osseous union, and as he was beginning to set up in bed his prospect was good provided good treatment could have been continued.

This paper was discussed at length by Drs. Hill, Lee, Prince, Owen and Andrews, of Illinois, Poore, of New York city, McCann, of Pennsylvania, and Ransohoff, of Cincinnati.

Dr. Andrews considered the operation as very important for this trouble. In his experience he had been led to fear the shock which he considered very liable to follow.

Dr. Poore thought there was not the least danger of a shock. He had performed over sixty similar operations, and in no case had he noticed that the patient was put in a critical condition. He thought the use of ether oftentimes caused the death of the patient, which was laid to a shock.

After some discussion the section adjourned.

WEDNESDAY, June 7.

The section opened at 3 P. M. with a very large attendance

The reading of a number of papers which had been announced were omitted, owing to non-attendance of the authors.

The first paper read was by Dr. George W. Nesbitt, of Illinois, on

UNITED FRACTURE OF THE FEMUR TREATED BY EXERCISE.

Non-union of bone, the author said, was a rare event in surgery. It does not occur in a larger proportion than one in five hundred, and as fractures of the femur are rare it follows that a case as above mentioned would happen once in a lifetime. After exhausting all the ordinary means to perfect a union, and upon failing, a doctor is ready to avail himself of any suggestion. As to the doctor's treatment, it was the use of woolen blanket and plaster of paris, and the compelling of the patient to move around without the use of crutch or cane. By this means he was able to perfect a union in a fracture of nearly eighteen months' standing.

Dr. Keller, of Arkansas, thought the paper was an important one, because it showed that the case had not been treated correctly at the right time. He thought any fracture of the long bone should be treated by plaster of paris dressing rather than splints.

Dr. Carpenter, Kansas, said he had used plaster of paris dressing for fifteen years, and cited several instances in confirmation of the dressing. He thought when properly applied it was the only dressing.

Dr. Sayre, New York, said he had talked so much to the society on the subject of proper treatment of fractures and plaster dressing that he should think they would be tired of hearing him. He, however, explained in minute detail his manner of treating and dressing simple and compound fractures. He detailed a case in which the patient suffering from comminuted fracture of the humerus had been treated with permanent dressing and in six weeks, when the mold was removed, the arm was practically well and the union complete. He had within the past six months treated half a dozen fractures and found that it was successful in every case. He always had his plaster bandages prepared and could put one on in a parlor without any litter or dirt.

In answer to a question he said he had had no cases of non-union in his own individual practice where he had applied his permanent plaster bandage, when applied properly union would always be perfect.

Dr. Pruett, Missouri, in proceeding with the argument, wished to ascertain if Dr. Sayre used the same dressing in all cases of fracture; if so, how did he prevent shortening in fractures of the femur.

Dr. Sayre, in reply, said he never confined himself to one class of splints, but he had in cases of fracture of the leg obtained good results, no shortening, and allowed the patient to be out the second day. He then explained the situation of his patient in bed, the counter extension apparatus to which he was attached, the fractured limb then extended till the fractured ends were in apposition, then with the leg still held in that position the bandage of plaster was applied from instep to above the pelvis, and retained till the bandage had dried; then,

remo[illegible] plaster could not shrink, the plaster would wa[illegible]sarily, according to the anatomy of the leg, re-t[illegible]he full length of the limb.

Dr. Sayre explained that the constitution had a deal to do with the union of a fracture, and that he did not mean to say that in all cases the union would result, even if cared for and dressed properly; but in the majority of instances it would.

Dr. Nesbitt, the author of the paper, closed the discussion by saying that he was pleased that the paper had brought out such a full, exhaustive and interesting discussion.

The chairman called for volunteer papers, and in response one entitled Local Joint Extensions, by Dr. Charles F. Stillman, New Jersey, was handed in to be read by title. Objection was made, the idea being advanced that the paper treated of some surgical instrument which the author of the paper had patented, and it was not the duty of the section to take any action in the matter.

A sharp discussion ensued, and after three or four motions being made at the same time the paper was laid on the table, one of the members of the section who objected to the paper being read explaining that perhaps he might be wrong in the matter.

Dr. H. M. Wheeler, of Grand Forks, D. T., presented a patient, a lady whose left eye and forehead was disfigured by an aneurism of the orbital blood vessels about the size of a hen's egg.

The lady was twenty years old, perfectly healthy, and the sight of her eyes was not impaired; the tumor commenced with a simple birthmark over the eyebrow and had grown gradually, but more rapidly of late, to its present size; it was a common pulsating tumor, involving the eyebrow, scalp, orbital organs, but did not involve any absorption of the bone. The operation had been performed on the patient six years ago, but without success. He thought from the partial examination he had made that if the common carotid artery was tied the tumor could be removed without serious results. He asked that the members examine the tumor and make such suggestions as they thought proper.

After an examination by a number of those present the lady withdrew, and a short discussion followed.

Drs. Moore, Rochester, N. Y., and Pruett, Missouri, were not in favor of the ligature of the artery. Both gentlemen thought that by tying the direct arteries supplying the tumor it could be removed without danger. Drs. Byrd, Quincy and Halleck, Kansas, advised the removal by the galvano-cautery.

THURSDAY, June 8.

The section on surgery met at 2 P. M., with Dr. Wm. Byrd, Quincy, Ill., in the chair; attendance somewhat smaller than at the previous sessions. The first paper, "Excisions of the Intestinal Canal where Covered with Peritoneum," by Dr. Wm. A. Byrd, having been read at the general session, was passed, the discussion to be taken up later in the session. The second and third papers, viz: "Fatal Influence of Anæsthetics in Disease of the Kidneys," by Dr. L. Turnbull, Philadelphia, and "Osteotomy and Exhibition of Instruments," by Dr. C. T. Poore, New York city, were also passed. The fourth paper, "Contributions to the Surgery of the Liver," by Dr. Joseph Ranoshoff, Cincinnati, was read by the author, who reported the case of the removal of five gall stones that had been diagnosed and removed by the Sims' operation; and another, that of an abscess of the liver from which one gallon of pus had been removed without the loss of a drop of blood, and the patient speedily recovered.

The fifth paper was "The Proper Points for Incision in the Drainage of Suppurating Knee Joints," by Dr. Edmund Andrews, of Chicago. The doctor prefaced his paper by saying that he thought the idea of reading all the papers and afterward discussing those desired was the correct way and should have been adopted earlier in the sessions. The paper, which was a carefully prepared one, treated of the subject minutely, the author explaining that while there was nothing particularly new in his paper, the operation was one which, although old, did not in the majority of cases result satisfactory, owing to the improper drainage.

On motion the discussion of the papers was then taken up, the first one being the paper read by Dr. Wm. A. Byrd, of Quincy, Ill., before the general session. [An abstract of Dr. Byrd's paper may be found on page 180 of our present number.]

Dr. J. Ranoshoff, Cincinnati, thought the suggestions in the paper were theoretical, but the paper as a whole was an interesting one.

Dr. Pruett, Missouri, said he had been somewhat misled by the title of the paper. He supposed it would treat of laparotomy. His idea was to leave the bowels undisturbed in all cases of strangulated hernia and gangrenous bowels. He was in favor of letting nature take its own course. Dr. Byrd, the author of the paper, closed the discussion by saying that in eighteen operations of strangulated hernia he had lost only three. He thought nature sometimes refused to work in the right way, and needed the help of a good surgeon. Dr. Pruett explained that he did not mean to let nature take its course in strangulated hernia. Early and prompt interference was the only and correct way to treat strangulated hernia. In numerous cases when the surgeon is called the patient is in a state of collapse and on opening the sac the bowels are found decomposed.

Dr. Garcelon dissented from the theory as laid down in the paper, especially after the bowels had become gangrenous.

Dr. Ellis detailed a case by which a cure was affected after operating for strangulated hernia without an artificial anus, the cure seeming spontaneous.

Dr. Moore, Rochester, N. Y., wanted to make a gentle remonstrance. He was pleased with the paper because it treated of a very important subject, namely, abdominal surgery. The question was, however, whether it was correct in cases of strangulated hernia and gangrenous bowels to make an artificial anus. He was in favor of the old school treatment aud would take the chances of his patient having septicæmia rather than a serious case of peritonitis.

Drs. Vaughn, Missouri; Morris, Illinois; Markham, Iowa, and Allen, Pennsylvania, discussed the question, and cited cases in their own practice.

The paper of Dr. Ranoshoff was taken up, but not discussed, the only member speaking being Dr. Keller, of Arkansas, who asked for information from some of the members as to whether they had successfully treated a gunshot wound of the liver.

The paper of Dr. Andrews was not discussed, and the chairman asked as to any other business. Dr. Green, of New York, stepped forward and said that during the session on Wednesday a paper, entitled Local Joint Extensions, by Dr. Charles E. Stillman, New Jersey, had been presented to be read by title. Objections had been made by Dr. Sayre, New York, who announced that the paper was written to explain the principle of a patent which had been obtained on an instrument by Dr. Stillman. Dr. Green stated that he had called on Dr. Sayre Wednesday night, and, after explaining matters, had asked an amende honorable. The doctor replied that he could not possibly attend, and asked Dr. Green to make the excuse. Dr. Carpenter, New York, moved that so much of the minutes as related to Dr. Stillman and the refusal of his paper be stricken from the record.

After some discussion, the matter was postponed until the meeting of the general session, although it was understood that the action would dispose of the case until the next annual meeting.

There being no further business, the section adjourned.

The New Officers.

BRIEF BIOGRAPHIES.

Following are short sketches of the lives and labors of the various officers nominated:

JOHN LIGHT ATLEE

was born in Lancaster, Pa., where he now resides, November 2, 1799. He received his preliminary education in Lancaster and then attended Gray & Wiley's academy, Philadelphia, for one year. He studied medicine with Dr. Humes in 1815 and in April, 1820, he graduated from the medical department of the university of Pennsylvania. He was an active organizer in the Lancaster city and county medical society, of which he was twice elected president. He was also one of the originators of the State Medical Society in 1848 and became its president in 1857. He was elected one of the vice-presidents of the American Medical Association in 1868. At the union of Franklin and Marshall Colleges, he became professor of anatomy, and so remained until 1869. For more than forty years, he was a school director of his native town, being elected in 1822. He is president of the board of trustees for the home of friendless children in Lancaster and holds the same position in the State Lunatic Hospital at Harrisburg. He is a trustee of Franklin and Marshall College and of Bishop Bowman Church home of Lancaster. He has been a contributor to the American Journal of the Medical Sciences and other like publications. In 1843 he revived the operation of ovariotomy and was the first to successfully remove both ovaries at one operation. Two of his sons are physicians.

EUGENE GRISSOM.

Eugene Grissom, of Raleigh, N. C., was born in Granville county, May 8, 1831. Grissom comes of revolutionary stock, and is the sixteenth child of his parents, both of whom lived to be over ninety years of age. At the age of 22 he was elected superior court clerk at his home, but afterwards turned his attention to medicine, and graduated from the University of Pennsylvania in 1858. He practiced medicine until 1861, when he became captain of the Thirtieth North Carolina troops. Having been invalided, he was appointed surgeon, with the rank of major, in 1864. In 1865 he sat in the Constitutional State convention. In 1868 he was elected superintendent of the hospital for insane at Raleigh, which he still retains. He is a member of the North Carolina State Medical Society, a fellow of the Raleigh Academy of Medicine, and a member of the Medical Superintendents of American Institutions for the Insane. The honorary degree of LL. D. was conferred on him by Rutherford College in 1880, and has held other offices in the association. His papers and practice all relate to insanity, and not long since had quite a controversy with Dr. Hamilton, of New York, which created a stir in the medical world.

JOHN A. OCTERLONY

is a resident of Louisville, Ky. He was born in Sweden in 1838 and graduated from the University of New York in 1861, afterwards serving as a medical officer in the United States army during the war. He is a member of the Kentucky State Medical Society, corresponding member of the Boston Gynæcological Society and was president of the Louisville Medico-Chirurgical Society and secretary of the Louisville Obstetrical Society. He is a physician of the Louisville City Hospital, and has been president of the hospital medical board, visiting physician of the Old Ladies' Home and Kentucky Infirmary for Children, formerly Lecturer on Clinical Medicine in the University of Louisville, is now Professor of Principles and Practice of Medicine in the Kentucky School of Medicine, and Dean of the Faculty.

ALEXANDER J. STONE

was born September 7, 1845, at Wiscasset, Me. He studied medicine in the Berkshire Medical College, Pittsfield, Mass., where he graduated in 1868. In January, 1869, he arrived in Stillwater, and in January, 1870, took up his location in St. Paul. He was president of the St. Paul Medical College, of which he was a founder, and remained in this position until it was amalgamated with the College Hospital of Minneapolis. In this college he holds the chair of diseases of women. In 1881 he was president of the State Medical Society. From 1871 to 1875 he was surgeon of the St. Joseph's Hospital, and is now occupying the same position in St. Luke's. He is also one of the staff of the free dispensary. In 1881 he was elected professor of obstetrics of the Chicago College of Physicians and Surgeons, but resigned that position. During the late session of the association he acted as chairman of the committee of arrangements.

HENRY S. ORME,

of Los Angelos, Cal., is one of the best known physicians on the western coast of the United States, and is always forward in all the medical enterprises. He is of English descent, and was born in Millidgeville, Ga., March, 1837, and graduated from Ogle thorpe University in 1858. He attended the universities of Virginia and New York, graduating from the latter in 1861. He then served in the confederate army, and established himself in Los Angelos in 1868. He was one of the organizers of the Los Angelos Medical Society, and was one of the vice-presidents and member of the board of examiners of the State Medical Society. He is something of an author; his favorite subject being the State of California as a health resort.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

What shall we do with Homœopathy?

As we took occasion to intimate in our last, this question of the relations which regular medicine should maintain towards homœopathy is an exceedingly delicate one. To a large section of the profession the name of "homœopathy" is associated with so much that is objectionable both from an ethical and a scientific point of view, that its mere mention unconsciously excites a feeling of intolerance and antagonism. The judicial mind and the physician who has reached a position from which he may take an unprejudiced survey of the whole professional field with an eye single to the best interest of scientific medicine, are, however, not thus carried away by blind unreasoning prejudice. They may reach a different conclusion from that of an equally honest and competent observer, but that conclusion is a conviction born of honest investigation and is not a conclusion previously jumped at, and to which it is their aim to distort facts to conform. To such the mention of the name "homœopathy," is not as a red flag to an enraged bull.

We have no disposition to impugn motives, but we have good reason to believe that a number at least of the delegates to the meeting at St. Paul were carried away by the preconcerted effort to fire the common heart on the part of certain leading spirits and robustious voices of the Association. While we do not object so much to the conclusion reached, we would enter our feeble protest against the manner in which it was reached. A question of this magnitude should be decided by the *live* profession and not by the arbitrary voice of a small Judicial Council largely composed of gentlemen who, notwithstanding their eminent respectability and standing, are not selected to their positions because of their being thoroughly *en rapport* with the spirit of the age. We hope this question may take such a form as will make it one for *the profession* to pass judgment on at Cleveland next year. Let a full and unbiassed and thoughtful consideration, as benefits the importance of the question, be given by all interested, against the next meeting of the Association, and the conclusion as revealed in the vote will be accepted as the arbitrary and final expression of the Judicial Council never will be.

In this connection we would quote from recent letters received by the *Medical Gazette* which has taken pains to get the views of some leading eastern physicians on this question, in reference, more particularly to the New York Code:

Dr. Austin Flint says: I am for retaining, substantially, the code of ethics adopted by the American Medical Association in 1847. I think, however, that the article relating to consultations should be modified as follows: Instead of saying that "no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma," I would say, in substance, no one who adopts a sectarian name or belongs to an organization in antagonism to the medical profession. I would not interefere with entire freedom of opinion, but so long as Homœopaths, Eclectics, *et id genus omne*, retain these designations and remain in an attitude of hostility to legitimate medicine, I cannot see how members of the regular profession can with propriety or self respect, affiliate with them."

Dr. William A. Hammond writes the following characteristic note: "My opinion of the new code can be expressed in few words. I think it illogical, absurd, sophistical, unsound, unwarranted, untenable, inconclusive, fallacious, specious, evasive, irrelevant, heretical, unreasonable, unscientific, narrow-minded, visionary and futile.

But I think the old code is worse and that no code would be better."

Dr. Alonzo Clark writes: "The first mistake of the profession was shutting the homœopathists out from their communion, when the new doctrine first appeared in this country. This made them a separate, and, they say, a persecuted class, and enlisted sympathy for them. By this separation they were greatly strengthened, while, if intercourse had not been interrupted, their new views would have had their day and then disappeared.

But taking the matter as it now presents itself, they are a separate class; but the doctrines of their founder have no advocates among them now, or if any, very few. In their mode of practice there is no real reason why the regular profession might not meet them in consultation. But then comes the question: Are they not deceiving their patients, and making profit out of the deception? They would doubtless answer that they still hold the doctrine of specifics, and still believe in the *similia similibus curantur*, though they can no longer credit the testings and proofs of their founder and his early disciples, or rely on infinitessimals; that they prefer the testings and proofs of the past century, and have found it safest to administer medicines as the regular profession do, substantially. If this is so, do they make their patients understand it? If not, are they not sailing under false colors? Can honest men have professional intercourse with them? In view of their mode of practice to-day, this last question is the only one that presents itself

to my mind when I am asked to consult with one of their number."

The *New York Medical Journal and Obstetrical Review*, in its July number, says, in the course of an editorial on the subject: "Now, then, the national association and the New York society are fairly at loggerheads. Of course, such a state of things is to be regretted. Still, the struggle between right and wrong in this matter had to come sooner or later, and we trust that no maudlin sentimentality will interfere with its being fought out to the end. It is better that the the State of New York should stand aloof from the American Medical Association forever than retreat from the just stand it has made, or falter in the demolition of the mediæval thraldom in which the old code so lately shrouded it. We are confident that no such pussilanimous act will be permitted at Albany next winter. The adoption of the new code was deliberate; the meeting at which it took place was an unusually large one, and it was generally known that the matter would come up for action. It is scarcely warrantable, therefore, as some of our contemporaries have said, that the measure was sprung upon the society by a small majority. The document was adopted by a two-third vote under the circumstances we have mentioned Notwithstanding the hue and cry that has lately been raised, then, the rhetoric of a few individuals, and the disapproval that is said to have been expressed by some of the constituent county societies, we repeat our conviction that the action will not be rescinded.

In due course of time it will come to be understood, we have no doubt, that the relations of man to man form no part of the proper business of such a body as the American Medical Association. Our territory is too vast, and the conditions present in its various sections are too diverse, for the long continuance of a central government in such matters. The real government of the nation arrogates no such function to itself, but most properly leaves the several states to arrange their own domestic affairs. Save under exceptional and complicating circumstances, it has always declined to interfere even with outrageous local laws bearing upon such matters. Let the American Medical Association follow a like course."

The above extracts from the sources indicated, are, it must be conceded, quite significant, and they may possibly have the effect of encouraging the less aged and fossilized members of the profession to follow, and allow their thoughts and ideas to run in, the groove presented by the judicial council only so long as the line of such groove is such as is approved after a calm, thoughful and dispassionate consideration of the question.

The Last of the Joy Electric Device.

At the meeting of the Board of Regents of the University of Michigan on the 28th ult., the charges preferred by Prof. Frothingham against Prof. Joy, of the medical department, specifying that the latter had brought scandal on the department by his conduct in connection with the so-called Joy Electric Device, came up for consideration. Space forbids even a resumé of either Dr. Frothingham's characteristic speech in support of his charges or of Dr. Joy's defence. The speech was freely interlarded with those flights of oratory, and was marked by that vigor of language and correctness of diction of which the learned gentleman is so well known to be capable. He denounced his colleague as a person altogether unfit to associate with, and intimated that an honorable professional gentleman, like himself, for instance, could not fraternize with such a one. Dr. Joy made a plain unvarnished statement of facts, unembellished with those pyrotechnic bursts with which his accuser sought to fire the regents' hearts. He intimated that he had but executed the villainy which his hyperethical brother had taught him. The matter had taken a turn which he regretted and he had done his best to set it right and to undo the mischief in which he had been encouraged by Dr. Frothingham and the others who should have known better. The regents lent an attentive ear to the young man and administered to his accuser all the snubbing implied in a complete exoneration of the accused.

Thus ends the Joy Electric Device (with scrotal attachment) affair, and the manner of the ending is most satisfactory. Our connection with the affair was simply that of a journalist who owes it to the profession to expose deflection of the nature implied in the conduct of Dr. Frothingham and his colleagues and co-signers of the certificates attesting the value of the quackish device. It will be remembered what a storm of abuse from the gentlemen named was showered on our devoted head when we presumed to give but a plain report of the facts in the case, without even a word of comment. We were accused of envy (save the mark!), spite, animus and sundry other motives, and our charges, subsequently made, were pronounced to be the baseless figment of a perverted imagination. It was, in view of this spirited onslaught and this alleged baselessness of the charges, a matter of no little surprise to us when Dr. Frothingham sought, through charges formally preferred, to make Dr. Joy the scape-goat which should bear away the delinquencies which we had charged, but of which he had vigorously, and with expletives, asserted no one in connection with the Medical Department of the University was guilty. Consistency is apparently not a very highly prized jewel in the professor's collection.

The Regents have met. Dr. Frothingham charged before them that a heinous violation of professional ethics had been perpetrated, and he sought to fix the responsibility on Dr. Joy. The Regents, in terms significantly pointed, said that Dr. Joy should not be held responsible and refused, notwithstanding Dr. Frothingham's request, to purge the faculty of him. But we have Dr. Frothingham's statement that the University has been scandalized. Who then, is the guilty one? Either Dr. Joy or Dr. Frothingham

and his co-certifiers to the value of Dr. Joy's Electric Device. The Regents declare it is not Dr. Joy. How does Dr. Frothingham like the inevitable inference? Will he continue to associate with the man whom he has declared to be unfit, or will he pocket the snubbing the Regents have given him?

We deprecate the personal references which were first willfully introduced by Dr. Frothingham and his associates into the discussion of this question, but there is but two ways of meeting the argument (?) to which signers of the Joy Electric Device certificates have resorted, both in print and before the class in the Medical Department of the University, in this matter: one (and perhaps it would have been the better) is to treat it with merited contempt, and the other is to fix on the gentleman the logical conclusion of their own reasoning, confirmed as these conclusions have been by the recent decision of the Board of Regents, to whom they appealed to settle the question of guilt.

Wanted—A Newton.

The American Medical Association is composed chiefly of the most eminent men in the medical profession; its members are those who rank high in the specialties of science as well as those who are devoted to the elucidation of the general questions of medicine. And yet when Dr. Octerlony in his "Address in Medicine," delivered at the last meeting of the association, said, "what the law of gravitation has done for astronomy may some day be done for medicine," there was none of those learned gentlemen who sprang up and exclaimed: "I will be your Newton!"

Perhaps the pebbles by the seashore are beneath their notice and they disdain anything but the purest pathological gems adorned with the latest foreign setting or scientific novelties of the newest French and German pattern. Adopting these how easy it would have been for any one of them to have formulated the law of the kinship of disease by announcing that: All specific disease is due to bacteria! For it must come to this at last if the revelations of the micro-culturists or botanists of disease microphytes are to be believed.

On looking into the subject we find, however, some results which tend to contravene the law which would make all diseases bacterial congeners. For instance, Drs. Braidrood and Vacher would seem to have captured the *contagium vivum* of measles and variola. They made a series of interesting observations upon patients suffering from those diseases and by means of a glass tube coated on the inside with glycerine, through which the patients were required to breathe, they were enabled to examine the breath of the sick persons. By this means they discovered numerous sparkling colorless bodies of different shapes which were not found in the breath of well persons upon whom the same experiment was made. They conclude that the spherical bodies first observed in the breath are the active agents by means of which measles are propagated, and they think the contagium-germ of vaccine lymph an allied organism. Be it observed that these particles are not bacteria and that the conclusion deduced from the experiments has not been established; that is, it remains to show the connection of cause and effect between these germs and the diseases in which they are said to be present.

These results naturally excite a question as to the correctness of the bacterial law, and when we inquire further we find sufficient discrepancies in the recorded experiments of the botanists as to overthrow the possibility of enunciating any general law founded on a bacterial pathogeny. Thus Pasteur has found that a certain organism under culture changed its form; but in its altered shape it produced by inoculation the same disease (hydrophobia) as that which caused the death of the person from whose body it was taken. The logical deduction would be then that the disease was not due to a changeable organism, but to some imperceptible quality or amorphous virus which imparted noxious character to it. This, however, is controlled by the experiments of Fokker, who found bacilli in the tissues of mice after inoculation with the virus of anthrax, but no effect followed. So that specificity of organism, as well as specificity of virus has not been sustained by the botanists. They explain these contrarieties in the action of bacilli and virus by the doctrine of "adaptation," and say that each assumes qualities according to its environment. This, while not precisely begging the question, amounts to letting it go by default, for they arrive at the point where they started and the profession knows what it knew before, that certain diseases are infectious and contagious or are propagated by micro-organisms.

The question still remains whether these organisms are the cause or the product of disease. And this question is for pathology to answer.

Hence we conclude that what we need in medical science is not so much a Newton as a Moses to formulate not one, but many laws, and lead us out of the wilderness.

The Execution of Guiteau and Its Good.

On Friday, June 30th ult., Charles J. Guiteau expiated on the gallows, at Washington, D. C., his crime of murdering James A. Garfield, the twentieth President of the United States. No crime in the history of this nation was more premeditated or more wanton than was that of Guiteau, and very naturally the absence of any and all reasonable motive threw suspicion on the sanity of its perpetrator. The details of the trial and all the facts directly and remotely connected with the case, are still fresh in the minds of the people, and while all good citizens must have wished that the deed was that of a person irresponsible through mental alienation, the fact has been demonstrated beyond a peradventure that, morally as well as legally, the man who fired the shot which resulted in the late president's death was responsible for his acts. His hanging was,

therefore, a righteous one and we apprehend that outside of the few who are afflicted to an undue degree with that desire for notoriety which in its morbidly exaggerated form led to Guiteau's crime, the profession and the people will never be found to dispute the fact.

Guiteau's crime has been pressed into service to point so many morals that it is with some hesitation that we make use of it but once more. But great as the sacrifice has been if the death of James A. Garfield shall prove to have resulted in the shattering of the plea of insanity, on which justice has so often of late years been cheated of its deserts, it will scarcely have been too costly. The abuses which have grown out of the humane instinct and enlightened philantrophy which lead us to pity rather than punish the unfortunate, whose perverted reason has led him to imbue his hands in the blood of another, have in many instances been a mockery of justice and have depreciated the value of human life. It required some powerful shock to arouse the public to a sense of these growing abuses and it will be the sincere prayer of all good people that the shock of the second of July, 1881, may prove to have been sufficient.

The time is full for communities and juries to repudiate the theory that simply because a man may entertain peculiar views on religion, politics or finance, or is eccentric in his modes of expression or habits of dress, or indulges to excess in spirituous drink, or occasionally gives rein to an unbridled temper, he is insane. The interests of society, which is the higher law, have for years been crying aloud for such a repudiation, but the specious arguments and eloquent appeals of the defendants' legal representatives at the bar of justice, have closed the ears of juries to the cry. There are abroad in society thousands and probably hundreds of thousands of improperly balanced minds, upon which it is necessary for the deterrent influence of the penalty attached to the violation of law, to be exerted. It is the fear of consequences which causes these to restrain their erratic impulses, which are frequently of a homicidal tendency, and with the door of escape so frequently opened by the plea of insanity, this fear grows proportionately less. It will be remembered how great was the number of "cranks" who rose to the surface during the Guiteau trial and the suddenness of their disappearance when he was found guilty of murder. Had Guiteau been acquitted the effect on this large class of unbalanced minds, and its consequences in crime, would have been difficult to compute.

Who is He?

We find him everywhere, in the capital, the metropolis, the peaceful hamlet and even in "the clearing," where human beings are found to suffer the ills that flesh is heir to: there he is ready to tell the healthy members of the community how he has ministered to the wants of the afflicted. He is not always guided by good judgment in the choice of means for making known his benefactions. Often he makes vulgar display of motives which if modestly carried out would earn him everlasting thanks. He makes no distinction between fame and notoriety, and forgets that those by whom he is tolerated are held responsible for his conduct, that the pure and good suffer by his ill repute. Sometimes he shows himself in extravagant descriptions of some simple act of duty. Sometimes he owns a newspaper and employs an editor to boast his deeds He is often distinguished by his ambitition to instruct the public, to teach them the difference between the true and the false, and, to that end, may occasionally become the author of works on domestic medicine. He has always an ear open to public opinion, to catch the tide at the flood and and ride into favor with the masses, regardless of truth and justice. He forgets that when he took his degree he promised solemnly to exert all the means at his command for the relief of human suffering. He is not sentimental, light or frivolous, but cool, calculating, learned He is always ready to appear in court, to concoct expert schemes to defeat justice: will go anywhere or do anything to get himself talked about and bring shekels to his pocket. He will organize societies, not for the purpose of being chosen chief officer but for the purpose of having the public know that he has been elected to the most honorable positions in scientific and elymoosynary institutions. Nor would he have hesitated to ask a reprieve in the case of Guiteau had he known that his name would have been wired all over the civilized world. Does he carefully weigh the chances for benefiting his patient by a surgical operation? Never. His misfortune is not vanity. He is not flattered by the success of an operation unless the whole world knows of his connection with the case. He is not bold in the pursuit of a principle of cure; he exercises no courage when the simple saving of a human life is in conflict, but is cowardly in the presence of real danger unless an audience stands by to applaud his act of heroism. He does not care for truth or right in the exercise of his profession so long as he can keep pace with popular clamor. His vaccinations are made because the people want vaccination, without any thought as to the quality of virus or methods necessary to insure protection. His ovariotomies and abdominal operations are made without conscientious discrimination. He is gratified with any opportunity to get his name before the people and delights in publicly certifying to this or that nostrum, mineral water or machine.

Meum and Tuum are unknown and undiscoverable quantities in his personal equation. He is to the public what Polonius is to Hamlet—anything to please Hamlet. He passes as a representative of the medical profession but bears the same relation to it that sin does to righteousness. He is base, villainous, ungodly,—a quack.

The Amende Honorable.

The *Canadian Journal of the Medical Sciences*, in its April issue, in the course of an article on American medical colleges, took occasion to severely animadvert on the medical colleges of Detroit, holding them up in very unfavorable contrast with certain medical schools of the east. It, moreover, made certain specific charges to the effect that one of the schools of this city had graduated students after a single course of lectures. We knew that this charge, in so far as it applied to one of our colleges, was false, and believed it to be also false in so far as it referred to the other. We accordingly wrote the editor of our contemporary asking for the facts on which it had founded this grave charge, and received in reply a note stating that the parties from whom he had received his information could not, at that time, be conveniently reached, but that as soon as possible (within a few days, at most) he would put the facts in our hands. We waited a full month without receiving the promised information and again wrote, when the reply was received that an explanation would be made in the June number of our contemporary. That number has been received and the *amende* noted. The charge is entirely retracted, and the medical college which our Canadian contemporary selected to point its moral of the low grade of American medical colleges, is located in Buffalo instead of Detroit. It was through some inexplicable confusion of names that the charge was laid at the door of a Detroit school.

Miscellany.

Autopsy of Guiteau.—The following is the report of the post mortem examination of Guiteau's remains, as furnished the *Medical News*, of Philadelphia, by Dr. D. S. Lamb, of the Army Medical Museum:

By reason of delay for which neither I nor my assistants were responsible, the examination was not begun until 2:30 P. M. (one hour and a half after death), in consequence of which the photographing was less successful and a cast was impracticable. The body, which was of a faint yellowish tint, was that of a man about five feet seven inches in height and weighed 145 pounds. The eyes were examined by Dr. Loring, who reported the pupils slightly and equally dilated. The vitreous was cloudy and the fundus indistinguishable. The conjunctiva of the left eye was congested. He repeated the examination two hours later and noticed an appearance as of a transverse fracture of the lenses. A small white scar directed obliquely downwards, forwards and to the left and confined to the scalp, was observed midway between the top of the left ear and the median line of the head.

Skull.—The right parietal bone was slightly flattened over a space about two inches square, just back of the fronto-parietal suture, and to the right of the inter-parietal there was a slight flattened elevation on the corresponding internal surface of the calvaria. The frontal suture was obliterated. The others were quite distinct. A number of pacchionian depressions were observed near the groove for the longitudinal sinus. In thickness the skull presented nothing remarkable.

Membranes of the Brain.—The dura-mater was firmly adherent to the anterior portion of the calvaria. In the vicinity of the longitudinal sinus, there were adhesions of the duramater; also, to the base of the skull they were quite firm and situated in the several fossæ, and most marked in the deeper parts of the fossæ, where also there were small patches, abruptly limited, of immovable arborescent congestion with, however, no attendant thickening or pigmentation. This stagnation was again most marked in the left anterior and middle fossæ. There was not a congestion of the duramater except at the points just noted. The dura and pia-mater were adherent to each other and to the brain on both sides along a limited portion of the longitudinal fissure in the vicinity of the pacchionian granulations.

The duramater was slightly thickened along the longitudinal sinus. It was slightly thickened and opaque along a portion of the line of the middle meningeal artery on each side.

The arachnoid of the upper convexity of the brain presented in many places where it covered the sulci, small patches of thickening. Elsewhere it was normal. The pia-mater was anæmic anteriorly; posteriorly there was a slight hypostasis. The cerebral vessels appeared to be normal in all respects.

The orbital plates were well arched and presented many conical eminences of large size. There was no roughing anywhere of the inner surface of the skull.

The brain was firm. Its weight, including the cerebrum, cerebellum, pons and medulla, and a portion of the dura, was forty-nine and one-half ounces. It was slightly flattened in the region corresponding to the flattening of the parietal bone above mentioned. On a section of the cerebrum there was an appearance as of a slight thinning of the gray cortex. The measurements taken, however, gave depths of one-sixteenth to one-eight in close proximity to each other. The white substance was almost absolutely anæmic. The cerebellum and island of Reil were both covered on each side.

The Fissures.—The fissures generally presented considerable depth in many places, as in the right fissure of Rolando amounting to seven-eighths of an inch. The right fissure of Sylvius was typical. The left was separated from the first temporal fissure by a slight bridge deeply situated. The right fissure of Rolando did not connect with the fissure of Sylvius. Both were separated from the longitudinal fissure.

The first frontal fissure on the right side was not connected with that of the Rolando, but at the posterior part was crossed by a secondary fissure. The same on the left side, except that the fissure was crossed by a small bridge near the center. The second and third frontal fissures presented

nothing remarkable. There were numerous secondary fissures. The præcentral and retrocentral fissures on each side were well defined, and were unconnected with the other fissures. The interparietal fissure on each side terminated in the transverse occipital, separated only by a slight bridge.

The parieto-occipital was well marked on each side. The transverse occipital fissure on the right side was ill-defined. It began on the median surface and extended well outwards. The first temporal fissure was well developed on the right side. On the left it was not of the usual length. Wernicke's fissure was well marked on the left side, but not confluent. The calloso marginal fissure was double on each side, the upper of the two being probably the true one. On the right the upper one extended back to the anterior margin of the præcentral lobule; on the left not quite so far. The lower one extended on the right side to the line about half an inch in front of the parieto-occipital fissure, from which it was separated by a small bridge; on the left side also by a bridge of larger size.

Orbital Surface.—On the right side were seven fissures radiating from a circular fissure surrounding a small isolated convolution. On left side were five fissures radiating from a small, shallow depression. The left collateral fissure was well defined, extending to the anterior extremity of the temporal lobe. The right was also well marked, but did not extend so far back as the other, and there was an attempt at confluence anteriorly with the temporo-occipital, a small bridge intervening; the left temporo-occipital fissure was well defined.

The following call for remark: The ascending frontal was well defined on each side. The ascending parietal on the right side was well developed on its lower three-fourths, but narrowed in the upper fourth. On the left side the narrowing was less marked. The island of Reil presented in the right side five fissures and six straight gyri; on the left side seven fissures and eight straight gyri. The præcentral lobule was well marked on the right side; small on the left.

Thorax and Abdomen.—The usual median incision was made and the abdomen opened. There was extravasation of the blood into the right pectoralis major muscle near the second rib. The adipose layer of the abdominal section was one inch in thickness. The dome of the diaphragm extended up the fourth rib each side. There were old pleuritic adhesions at the apex of the right lung. The upper and middle lobes were congenitally united by connective tissue. The lung was normal throughout. There were also old pleuritic adhesions of the left lung to the diaphragm and between its lobes. Three small tubercles like pigmented patches were observed in the upper lobe.

The heart weighed ten and three-fourth ounces. Its muscular substance was apparently normal. There was an abundance of fat upon its anterior surface, and a villous patch of old pericarditis near the apex of the left ventricle. The right ventricle contained a little blood just forming a clot. The valves were normal. The aorta was slightly atheromatous for a short distance above the valves.

All of the abdominal viscera presented large accumulations of fat. They were normally situated. The liver was congested. The gall bladder contained a little bile. The spleen was lobulated and enlarged. It weighed eighteen ounces. The capsule was bluish, the substance brown. The malpighian bodies were hypertrophied. The pancreas was normal. The stomach contained food. The intestines appeared normal and were not opened. The kidneys were congested. There was a small superficial serous cyst on the right one.

NOTES.

1. A considerable quantity of dark blood ran out of the heart on the separation of the heart and lungs.
2. Dr. Young states that the man was subject to malarial attacks while in jail.
3. He had eaten dinner about an hour and a half before the execution.

The Birth of an Elephant.—Dr. Gustavus E. Sussdorff, of New York, contributes to the July number of the *New York Medical Journal and Obstetrical Review* an account of the process of parturition as it took place in the case of the elephant Queen last February. The period of gestation was 597 days. There was no noticeable enlargement of the abdomen until it suddenly became quite prominent the day before labor began. This enlargement did not subside with the expulsion of the fœtus and after-birth, but continued four days longer. During the latter months the mammæ became swollen, and soon filled with serous milk. These were the only signs of pregnancy to be seen. The labor began at 3 P. M., February 2d. At this time the mammæ were greatly distended with milk, which came away continuously in drops. The vagina now began to drop down and swell. In a short time thick mucus began to come from the vagina in long ropy strings, and almost poured out just before delivery. From 3 until 8 o'clock Queen was evidently uneasy, as she constantly moved her body from side to side, but did not seem to suffer pain, and quietly munched some hay up to the very moment of delivery. At 8:10 the young elephant was born, the head presenting, completely enveloped by the unbroken membranes. The head and part of the body rested between the hind legs of the mother, and touched the ground. Without waiting a moment, the mother ruptured the membranes with her two hind feet, when the young one rolled out, on its back. The membranes were no sooner liberated than they quickly returned into the vagina. The umbilical cord had not been seen at all, having probably been torn away during the descent of the fœtus. The mother now quickly turned to the young, and, on seeing it, began to roar and bellow furiously, which she continued for ten minutes.

As soon as she saw the baby she also at once placed one fore-foot on it and rolled it several times, as one does a lemon under the palm of the hand, the bellowing and roaring continuing. In a moment or two more she placed her abdomen upon a short post in the ground, to which she was chained, standing almost upon her head, and grasping the post with her trunk, thus forcing the abdomen with great power against the post. Queen remained in that position for about ten minutes; then became quiet, and, while playing with her young, took some food. Nothing indicative of after-pains could be recognized after this, and in one hour and thirty minutes the placenta was expelled. With it there came about two quarts of clotted blood. There was no hæmorrhage either from the uterus or from the umbilicus of the calf. The duration of labor was five hours and ten minutes. The calf, a female, weighed 245 pounds, and stood just three feet high. It began nursing one hour and forty minutes after birth. It had two middle upper teeth. The umbilical cord entered the abdomen about three inches anterior to the vagina, and had been detached very close to the abdomen, as none was visible at that point, the canal being open and large enough to admit a good-sized finger for half an inch. Dr. Sussdorff remarks that there are several very interesting and instructive points in this history. First, the period of gestation is evidently not affected by change of climate and captivity, lasting about nineteen and a half months. The time of labor is short, and evidently there is not much pain. The sagacity of the animal is remarkable, as shown by the manner in which she ruptured the membranes, the means she took to excite respiration by rolling the young, and, finally, her effort to express the placenta from the uterus. He then describes the placenta and the fœtal membranes, comparing them with those described by Owen, and adds a summary of various observations that have been made of the milk of the elephant as compared with that of other animals, giving drawings which show its microscopical characters in comparison with those of cow's milk.

The Effects of Secular Ignorance.—Dr. A. G. Smythe, Baldwyn, Miss., thus gives vent to a deep down feeling:

There is an article going the rounds headed "Where Ignorance is Bliss." Deploring the credulity of the ignorant classes, permit me to say that it is extremely difficult to say when and to what class of society the ignorant and credulous upon the subject of medicine belong. They are by no means confined to the illiterate and uncultivated rustics of this or any other country. The homœopathist, the ordinary quack, charlatan and patent medicine man, are more likely to meet with encouragement and patronage in the higher walks of life than among the middle classes. Witness the cases of the Czar Nicholas, of Russia, the late Earl of Beaconsfield, and still later, in the case of President Garfield, in which there was at least countenance given to a homœopathist, and there appears to be a disposition in certain quarters among the would-be æsthetic to patronize that school of practitioners. Then again, in the rural and country districts much of the most injurious encouragement given to quacks and patent medicines is by the clergymen, members of the bar, and the more prominent members of society. True it is, that many persons who do this are very cautious and quiet in the manner, but none the less effectual and injurious in the matter of exercising their influence. To such an extent has this influence reached, that many of the states lately passing laws regulating the practice of medicine, have recognized or embraced all the different schools of medicine, only requiring that applicants for examination and registration shall only declare which school they belong to, or propose to practice in the future.

The reformation of the abuses, of this ignorance and credulity, to be successful, must not only begin, but be carried through by the profession, and cannot be effected by any other class or society of men.

Springbrook Sanitarium.—We are very much pleased to learn that our former townsman Dr. E. W. Jenks, who recently resigned the Professorship of Gynæcology in the Chicago Medical College has put into execution a plan which we have known him to have long entertained, viz.: the establishment of a private hospital for the treatment of diseases of women. The location of this hospital is at Geneva, Illinois, and the institution will be known as "Springbrook." A large circle of friends, both professional and lay, in this city and state, who were cognizant of Prof. Jenks' intention to withdraw from the Chicago Medical College for upwards of a year before he tendered his resignation, had indulged the hope that he would return to this city where there are so many considerations to entice him. He has found, however, that with the relief from the onerous duties which devolved on him in connection with the Chicago Medical College his health has sufficiently recuperated to permit of his carrying out the long cherished scheme above indicated and he will remain in Illinois, holding regularly daily office hours in Chicago and returning each day to the Sanitarium. His well earned reputation as a gynæcologist and his extensive acquaintance are sufficient to guarantee the success of his new enterprize from the very beginning.

A Grain of Corn in the Larynx.—Dr. J. N. Coons, of Palmyra, Mo., writes: In the News of June 10th, Dr. Frank A. Weaver, of Chester, Michigan, details a fatal case of obstruction of air passages from a grain of corn, and adds that "a grain of corn has never been known to retrace its way except in those rare cases in which it has remained sufficiently long to have undergone decomposition."

Per contra, I was the attendant, about 20 years ago, upon a little girl about five years of age, who in a sudden fright caught a grain of corn in her larynx, and after repeated attacks of dyspnœa threatening suffocation, alternating with periods of comfort and comparative freedom from distress, was so fortunate after several days as to eject the corn during a fit of coughing. It was a large grain perfectly sound, only a little swollen from the heat and moisture of its bed in the air passages. I should add that the objections of the family prevented operation for its removal.

In the *North American Review* for July, the leading article is a profound and sympathetic study of "Emerson as a Poet," by Edwin P. Whipple. In "Hydraulic Pressure in Wall Street", a writer who withholds his name but who manifestly is no novice, exposes many of the tricks and devices by means of which fictitious values are created, and the unwary lured daily to ruin. Desiré Charnay contributes the eleventh article in the series on "The Ruins of Central America", and records the crowning triumph of his exploring expedition, namely, the discovery of a great ruined city in the hitherto unexplored country of the Lacandones, Guatemala. There are two papers on the civil service question: one, "The Things Which Remain", by Gail Hamilton, who labors to relieve the civil service from the aspersions cast upon it on account of Guiteau's crime; the other, "The Business of Office-Seeking", by Richard Grant White, who forcibly portrays the moral ills that come from the perennial struggle for place. Finally, Francis Marion Crawford, son of the eminent American sculptor, writes of "False Taste in Art", and indicates certain directions in which art culture might be developed under the conditions of life existing in the United States.

Society Report.

American Medical Association.

SECTION ON DISEASES OF CHILDREN.

St. Paul, Minn., June 7th, 1882.

The Chairman being absent, that position was filled by Dr. Lee, Secretary, whose duties were performed by Dr. Miller, of Iowa.

Dr. N. S. Davis, of Illinois, read a paper on "The Causes and Hygienic Treatment of Serous Diarrhœa in Infants," of which the following is a full abstract:

When it is remembered that one-third of the human race perish before they reach five years of age, and that a large percentage of these early deaths are the direct result of attacks of a serous diarrhœa and cholera morbus, it will be conceded that no subject is more worthy of careful study than the pathology and prophylaxis of these affections. I mention these together because all measures designed to prevent disease must be intelligently adjusted either to the removal of the causes, or to a neutralization of the effects, or else they will fail to accomplish any useful purpose. Nearly all the public sanitary and hygienic measures of the present day are aimed at the removal or prevention of the disease, both predisposing and exciting. But there are many influences which either predispose to or excite attacks of disease which are not under human control. The problem presented for consideration is not how to prevent or destroy them, but how best to shield the human system from their injurious effects. For instance, bad food may be destroyed and good substituted; bad air in dwellings may be changed by ventilation; soil, wet and of decomposed matter, may be drained and cultivated, but the meteorological conditions of the atmosphere, whether they relate to impurities, sudden and extreme changes or waves of continuous high or low temperature are not amenable to our control, and yet much can be done to mitigate or prevent their injurious effects. Nearly all the recent writers on the diseases of children class the cases of serous diarrhœa and cholera morbus in children under two years of age, usually called summer complaint and cholera infantum, with local inflammations, under the general name of catarrhal gastro-enteritis, and while they all assert that these forms of disease are most prevalent and fatal during the warmest months of summer, they set forth as the chief causes, improper feeding, impure and changed milk, impure air, the process of dentition or teething, and overworked, badly fed and unhealthy mothers.

These causes are represented to produce gastric or intestinal indigestion, or both which so increase the irritation of the mucous membranes as to cause a more or less rapid serous exudation into the gastro-intestinal canal. Indigestion is generally regarded as the cause of the catarrhal irritation, while the cause is the result of bad feeding, impure air, teething and unhealthy mothers. Bad milk is also alleged to be another cause.

Bad milk and food are prevalent in all communities during the winter as well as summer. Children cut their teeth in December as in July, and unhealthy mothers exist during one part of the year as well as another. If any of these causes produced infantile cholera they would be frequent in all seasons. The records show that the prevalence of all grades of these two forms of disease are restricted almost entirely to the time between the last week in June and the last in September. In Chicago in 1872 the reports of the board of health show 8 deaths in April, 6 in May, 23 in June, 246 in July, 163 in August, 69 in September, 13 in October and 2 during the rest of the year. Other years show the same results, and in all northern and eastern cities the ratio is the same. The diseases prevail little in cities so located that there is only a short range of temperature between the warmest days of summer and the coldest of winter and where the sea breezes and other causes make the summer nights cool. The milk distributed in San Francisco and New Orleans is the same as that in Boston and Chicago,

and the nursing mothers are no more free from mental and physical infirmities. An examination of the statistics of these several cities show a ratio of only about five deaths from cholera infantum annually for every 10,000 inhabitants in San Francisco, seven in New Orleans, twenty-five in Boston and thirty in Chicago. There must therefore be some efficient cause not common in all large cities. A record of the disease and coincident meteorological conditions of atmosphere were commenced some years ago, and for three years records were kept in Cairo, Davenport and Omaha. The reports of these records were given in this association and published some years ago, and showed:

First—That the prevalence of the affections under consideration is limited principally to July, August and September, commencing with the first wave of high atmospheric heat that continues days and nights for more than five days, which in the latitude of Chicago is sometimes the last week of June, but more frequently the first week in July, and continues more or less during the succeeding ninety days.

Second—That while the deaths from these affections in any city or given community will be nearly the same in the two first months after they begin in July and August, the date of the initial symptoms or beginning of the disease in three-fourths of all the cases will be in July, very few originating after the first of August. Many cases commencing in July continue until the months of August or September, causing wasting and death.

Third—That it is not simply high or extreme heat of temporary duration, such as that of a single day or any number of days, with cool nights, which favors the development of the disease, but continuous high temperature day and night for several days; and if, in addition to the heat, the air be stagnant from lack of winds or obstructions, as in large cities, or from defective ventilation, the effect is greatly increased. This explains why these affections are more numerous and fatal in cities than in rural districts, and why they prevail so little in even large cities located in warm climates provided the location be such as to afford cool breezes at night.

Fourth—That while the great majority of attacks which occur in any given summer are found to have their beginning in July, or during the first thirty or forty days after the first week of protracted high temperature for the season, they are not equally distributed over the whole of the month. Having thus traced the origin of that part of infantile mortality caused by this disease, let us inquire for a moment how this combination of circumstances can effect the living human body. We have the physical law that the higher the temperature of the air the rarer it becomes and the less oxygen is contained in it. A person breathing at a high temperature would receive less oxygen than at a lower temperature. Stagnant air becomes more rapidly exhausted than moving and the physical law of expansion by increase applies to the living as well as to dead matter, consequently high heat acting on the living body tends to increase the distance of the atoms from each other and thereby lesson the force of vital affinity, while it increases the excitability or susceptibility to impression. The capacity of the blood for taking up oxygen or holding it in suspension depends much upon the proportion of saline elements it contains and under a continuous high temperature the increase of cutaneous exhalation rapidly diminishes the free salts of the blood and lessens the capacity to receive the oxygen from the air cells of the lungs in exchange for its carbonic acid gas. Colitis and recto-colitis or dysentery seldom occur until late in the season, when warm days are followed by cool nights and frequent changes from wet to cold occur, and even the indigestion which has been so generally suggested as a cause of summer complaint is itself the result of the impairment of natural gastric and intestinal secretions, and the increase of more serous exudation—the primary fault not being so much in the quality of food as in the morbidly sensitive and relaxed condition of the whole inner surface of the digestive canal. The children are affected more than older persons because of the less mature development and greater sensitiveness of their gastric and intestinal mucous membranes and glandular structures, and their much more constant confinement indoors. If this is correct it indicates clearly that our efforts to lessen infant mortality from these diseases must embrace such measures as will secure for young children a better supply of fresh, pure air, for increasing the oxygenation and discarbonization of the blood and maintaining the activity of the vasomotor nervous system, and as well counteracting the effects of high temperature by increasing the general tonicity and lessening the excitability of the tissues generally. Measures for the first object must consist in securing better ventilation of dwellings and especially nurseries and sleeping rooms during the warmest part of the summer, the sending of young children with their mothers and nurses from densely populated districts to moderately elevated, healthy locations, or to floating hospitals, receiving ships or large bodies of water during the special period of high heat. For accomplishing the second purpose, I know of no measures that are so efficient and at the same time within the reach of the poorest part of the population, as the judicious use of the sponge bath. Whenever the human system is relaxed and rendered morbidly sensitive by continuous high heat, causing the infant to be languid, restless and sometimes pale a free bathing or sponging of the whole surface with water simply as cool as is comfortable, always produces a refreshing and invigorating influence, which continues from six to twelve hours. Consequently, if mothers and nurses could be so instructed by their family physician that during every wave or period of high atmospheric temperature in which the mercury did not fall below 70 during the nights, each child under two years of age should be regularly given a full sponge bath in the evening as well as in the morn-

ing, and their sleeping rooms should be as well ventilated as possible. Such a course would diminish the attacks of serous diarrhœa and cholera infantum one-half, and consequently very greatly lessen the infant mortality from these affections.

It is well known to every careful observer that a large majority of all the attacks of this form of disease show their first beginning during the last half of the night or early in the morning, owing to the long continuance of the high temperature, coupled with the more still and confined air of the night. The increased tone of the whole vascular system produced by the stimulant and tonic effect of a comfortably cool sponge bath on the function of the vaso-motor nerves, applied in the evening, would enable thousands of these little, restless sufferers to pass the whole night unharmed, when without it the dread weakness would begin. The views I have presented in regard to the causes and nature of the affections called summer complaint and cholera infantum also afford clear indications for the most rational and successful explanation of remedial agents in the treatment of those affections in all their grades of activity.

The subject was spoken on by Dr. Lee, who recommended bandaging the stomach and belts in practice and the application of litmus paper to the discharge to ascertain the acid state of it and determine the entire matter.

Dr. Lee then read a few observations on Rickets, six cases having been under treatment in the dispensary at Baltimore. The disease is appearing on this side of the Atlantic and growing in number. The symptoms being enlargement of abdomen, retardation of the dentition, deformities of the thorax and enlargement of the joints.

The section then adjourned.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

H. O. Marcy, of Massachusetts, Chairman.
C. V. Mottram, of Kansas, Secretary.

TUESDAY, JUNE 6.

Dr. Wm. H. Granger, of Massachusetts read a paper on "The Mechanical Treatment of Delivery from the Superior Strait.

A form of forceps which he propcsed for this purpose was a modification of Elliott's, consisting of an extra handle attached upon the anterior surface just above the usual handles, and by means of which pressure could be made in the posterior direction, thus enabling the accoucheur to make traction in the axis of the superior strait.

Dr. Nelson, of Chicago, thought favorably of the modification, or at least regarded it as important to relieve the bladder as much as possible from pressure and at the same time to make careful traction in the axis of the strait. He thought Dr. Granger's instrument would be less likely to give rise to vesico-vaginal fistula than the ordinary forceps.

Dr. Staples, of Minnesota, wished to know if by adopting the method too much pressure would not be made upon the sacral nerves.

Dr. Granger said that injury came not so much from brief severe pressure as from long continued pressure upon the nerves and other tissues.

Dr. Dunster, of Michigan, regarded it as very important that every movement should be accurately in the direction of the axes of the straits, and regarded the modification of the forceps as a useful one. The accidents and injuries sometimes occurring in connection with parturition, such as the formation of fistulæ of various kinds, were not, as a rule, so much due to the use of instruments as to prolonged pressure from the head of the child. Rupture of the perineum was caused not so much by forceps as by attempt to force the head through the passages before proper dilatation had occured.

Dr. W. C. Burke, Jr., of Connecticut, saw a case only a few days ago in which the perineum was ruptured by an instrumental delivery made by an intelligent physician.

Dr. Morris, of Ohio, thought that the perineum might be ruptured with or without forceps, and no one be to blame.

Dr. R. Beverly Cole, of California, introduced a new obstetrical forceps, and spoke concerning the instrument and its use. He was totally opposed to having the heel of the instrument conical, for when an attempt was made to use leverage with such an instrument, it was almost certain to slip off; but when there was a wider space between the edges of each blade, the head would bury itself more completely in the blades of the forceps, and the liability to slip be greatly reduced. In the construction of his instrument he held in view the fact that every man who attempted to use forceps should be old enough and sufficiently educated to understand the anatomy of the parts and the mechanism of labor. His instrument has a wider space between the blades, especially at the heel, and is more circular at the junction of the handles than those commonly in use. It also had an attachment similar to that presented by Dr. Granger, except it was to the under instead of the upper surface, but he thought his own invention was not worth five cents.

Dr. McClelland, of Pennsylvania, regarded Dr. Cole's suggestion concerning the shank of the forceps as very valuable. He thought that the obstetrician could get much aid by using the left hand upon the upper side of the handles of any forceps, and the forefinger passing forward and resting upon the head of the child.

Dr. Battey, of Georgia, said that in either surgery or obstetrics the human hand represented the most perfect of all instruments, and should never be superceded by the attachment of any instrument when it could be employed unaided. In using the forceps only gentle traction should be made; force should never be employed. The more instruments were complicated the greater was the detraction from their utility.

The section then adjourned.

WEDNESDAY, JUNE 7.

Dr. D. T. Nelson, of Illinois, read a paper on "Subinvolution of the Uterus, Its Causes, Effects, and Treatment."

He attributed very many uterine, and often general disturbances to incomplete involution, and argued that through the entire puerperal period the uterus should be daily examined digitally by a competent accoucheur. He also favored securing firm uterine contraction by some means, as it prevented subinvolution, septicæmia, etc. He also recommended the use by injection of warm water, containing carbolic acid one-half to one per cent., and the internal use of quinine, both of which favored the occurrence of involution is complete.

Drs. Chapman, of New York, Prince, of Illinois, and Campbell, of Georgia, recommended the daily use of quinine for a week after confinement, especially in malarial districts. The paper was further discussed by Drs. Ross, of Pennsylvania, and Hall, of Missouri.

Dr. Battey, of Georgia, spoke at some length on the "Progress in Oophorectomy," as illustrated by the fact that Lawson Tait, Spencer Wells, and English and German surgeons were rapidly increasing the number of operations. In deciding whether or not it should be adopted, each case must be studied by itself. As a rule, he would prefer to remove the ovaries through the abdominal rather than the vaginal incision.

In this connection, Dr. Battey referred to several eminent operators who have ceased to employ Listerism.

Dr. Cole, of San Francisco, regarded Listerism as dead and a fallacy. The discussion that occurred at the International Congress in London, 1881, was reviewed at some length and the position taken that Mr. Lister admitted every allegation against the method known by his name. Dr. Cole was not an opponent to antiseptic surgery, but did not believe that any man could say that one wound was septic and another aseptic.

All good surgery was antiseptic, because *cleanliness* was at its foundation. He doubted the existence of any germicide which could be used of sufficient strength to kill the germs and yet be safe for the patient.

Dr. Prince, of Illinois, did not receive the same impression from the discussion at the International Congress as did Dr. Cole. He did not believe that any man could cultivate germs in a solution of carbolic acid of the strength of one thousand per cent., while water, which had been boiled, and which Dr. Cole recommended, would not destroy them.

The brilliant success sometimes obtained without the use of any antiseptic measures whatever, did not in any way explain the remaining cases where antiseptics have been so beneficial.

Dr. Cole continued by reading extensively from Mr. Lister's remarks in support of the position he held concerning the method of dressing.

The chairman defended Listerism. He knew Mr. Lister to be right in certain directions and believed that Dr. Cole was correct in others.

He defined an aseptic wound as a simple fracture and a septic wound as a compound fracture; that is, in a septic wound there is something from *without* which enters and changes its character.

The section then adjourned.

THURSDAY, JUNE 8.

Dr. Dunster, of Ann Arbor, read a paper on

OVARIOTOMY DURING PERITONITIS—IS IT JUSTIFIABLE?

The author believed that the operation should unhesitatingly be performed in the following classes of cases:

First.—Peritonitis resulting from rupture of a cyst, with discharge of its contents into the peritoneal cavity.

Second.—Peritonitis following tapping or aspiration.

Third.—Peritonitis with marked effusion.

The doubtful cases belonged to that class in which there was a low grade of irritative inflammation incident to the presence of the tumor.

Dr. Battey, of Georgia, and Dr. Jenks, of Chicago, referred to cases which had been operated upon while peritonitis was present, and recovery took place.

A paper on "Impacted Retroversion of the Uterus" was read by Dr. H. F. Campbell, of Georgia, in which special attention was directed to the assistance offered by placing the patient in the genu-pectoral position while replacing the organ.

In this connection a paper by Dr. W. W. Potter, of Buffalo, N. Y., on "The Gynesic Value of the Genu-pectoral Posture," was read, and the two gave rise to discussion, which was participated in by Drs. Dunster, of Ann Arbor, Nelson, of Chicago, and others.

Dr. H. L. Gertz, of Marshalltown, Ill., read a paper entitled "A Few Practical Points on Ruptured Perineum." The points were that all cases can be treated successfully—except where the sphincter is involved—by position and without sutures. Movements from the bowels should be secured before placing the patient in position, and after that no passage should be allowed for four or five days. Keep the wound clean and keep away from it every foreign body.

Dr. Gertz also exhibited a uterine repositor. It consisted of a flexible bougie into which was introduced a steel stylet with a disc on the end. The method of use was to introduce the largest bougie the uterine canal would admit, allow it to remain a few minutes, remove it, and introduce another, and so on until a No. 10 or 12 American could be introduced, and then the stylet was used, pushed on until resistance was encountered, then pushed carefully, and finally it would go into the entire length of the canal, where it may be allowed to remain a few minutes and then removed.

Dr. H. F. Campbell thought the method obviated

the danger arising from the use of the stem-pessary, a straight, stiff, or slightly curved stem, which was liable to wound the mucous membrane of the delicate organ and at once establish traumatism.

The Section then adjourned.

Selections.

[The following summary from a Quarterly Retrospect of Surgery, was prepared by Dr. Francis J. Shepherd, for the *Canada Medical and Surgical Journal.*]

Acute Traumatic Malignancy.—Mr. Richard Barwell, in the *British Medical Journal* of February 11th, 1882, describes several cases of malignant disease rapidly following injury, to which he gives the name—Acute Traumatic Malignancy. He thinks that "under the stimulus of severe irritation, the tissue elements which, under favorable circumstances, would assume only the additional activity necessary to repair, may take on a more prolific cell-germination, culminating in a rapid form of malignant disease in one of those forms, be it named myeloid or round-celled sarcoma, or encephaloid cancer, which consists of little else than heaped up cells and their progeny."

The first case is that of a boy æt. 17, who, whilst playing football, fell on his shoulder and disabled it. This occurred on April 24th, 1875. A week after the shoulder began to swell rather rapidly, and on May 19th Mr. Barwell saw him, and then there was a swelling most marked in front, which was soft with some ovoid patches harder than the rest; the swelling did not rotate with the bone. On May 25th the shoulder was considerably increased in size the skin a little tense, surface white and waxy, and large veins coursing over the growth. The texture was soft and doughy, with a sense of false fluctuation. An exploratory puncture was made and a shred of tissue removed, which, under the microscope, was seen to be made up of large cells with brilliant nuclei. Excision was advised, but was not consented to for a month. It was performed, and a round-celled sarcoma removed. The disease returned shortly after, and the boy died in about three months.

The second case was that of a stevedore æt. 65, who came into hospital for bruise of left side, due to injury from falling down the ship's hold 18 days previously. He died two weeks after admission, and the post-mortem disclosed malignant disease of the left pleura and lung. The new growth was an oval-celled sarcoma.

Mr. Barwell also mentions a case of malignant disease following fracture of the fibula, which many years ago was under the care of Mr. Lloyd, of St. Bartholomew's Hospital. Mr. Barwell thinks in these cases there must have been tumor diathesis, and that the local injury was provocative of a neoplasm.

Mr. H. B. Walker (*British Medical Journal,* April 1, 1882), also cites several cases of acute traumatic malignancy which have come under his observation.

I remember last summer seeing an example of this affection in the Montreal General Hospital. A girl æt. 18 was admitted for ununited Colles' fracture. It appears that some weeks before she had broken her right radius about an inch from the wrist, and it had been put up in the usual way, but soon after became painful, and on examination, the seat of fracture presented considerable swelling, rather soft in character, and fluctuating. The lower end of the upper fragment was expanded, and cracked when pressed. The swelling increasing, she was recommended for admission to hospital under Dr. Roddick. On admission, the tumor was incised and found to be myeloid in character, and the arm was amputated below the elbow. The case did well, the stump healing rapidly. This is the only case I can recollect having seen. The fact that malignant disease may follow injury or irritation has long been known, as, for example, epithelioma of the lip and tongue following the continued use of a short clay pipe (in those probably having the tumor diathesis), chimney-sweep's cancer following irritation from soot, blows on the breast, and probably repeated attacks of mastitis, causing malignant disease, &c. It is probable that an injury which in some would produce merely an ordinary inflammation, in others would, owing to certain misplaced germinal cells being stimulated by the increased nutrition into embryonal activity, cause a malignant growth. The additional point, however, which Mr. Barwell wishes to bring forward is that such growths occasionally assume an acute form.

Mr. Butlin, in a letter to the *British Medical Journal,* March 18th, 1882, directs attention to the fact that many cases of sarcoma of the bones, apparently directly due to injury, are already on record, and gives several references; and he himself has seen at least six cases which have pursued an acute course, and a still greater number a chronic course. He agrees with Mr. Barwell in believing that there is a distinct tumor diathesis, and says the evidence in favor of this theory is as strong as that which supports the belief in a strumous or rheumatic diathesis.

Mr. Harrison Cripps relates two cases of malignant disease following traumatism which came under his notice when registrar of St. Bartholomew's Hospital, and remarks, with reference to a traumatic causation, that thousands of blows may be struck on bones without causing acute pyæmic necrosis, just as we see that similar injuries are rarely followed by malignancy. He goes on to say that in cases of acute pyæmic necrosis, the primary subperiosteal abscess often teems with minute organisms, and yet there has been no lesion of the skin by which such bodies could have been admitted from the external air. Thus he is driven to the conclusion that the poisonous organism must have been circulating in the blood, in which it is innocuous; but when the extravasation caused by the blow allowed it to become stationary, it multiplied, producing all its poisonous effects. He asks whether the explanation of traumatic malignancy might not lie in some organism accidentally circulating in the blood, becoming the cause of active disease by infecting the cells of a part, when left stationary, by effusion into the tissues.

Abortive Treatment of Buboes.—Dr. Morse K. Taylor, assistant surgeon U. S. army, in a paper in the April number of the *American Jour. of Med. Sciences,* says that for nearly seven years he has treated commencing buboes by simply injecting the glands with a solution of carbolic acid. He has treated nearly 150 cases of various forms of lymphadenitis arising from specific and non-specific causes; and where he has seen them before the formation of pus was well established, he has not failed to arrest the process immediately, and allay the pain in a few minutes. Ten to forty minims of a solution of 8 to 10 grains of acid carbolic to the ounce of water is injected. Some care is required to insure certainty in reaching the central portion of the gland, and Dr. Taylor has found it better to wait until the gland has

attained some size, and its stroma has become sufficiently distended to admit of free permeation of the injection to all parts of its structure. He also advises numbing the skin of the gland with ether spray before injecting, so that the gland may be firmly held to determine its size and to ascertain the depth to which the needle must penetrate to reach its central parts. The average time patients treated by this method have had to forego their usual avocations has not exceeded three or four days. Some twenty cases (successful) are given in detail. When pus has already formed, Dr. Taylor aspirates and then injects carbolic acid solution, and applies compression by means of a bag filled with shot or sand, with an intervening layer of oakum or absorbent cotton. Under this treatment the bubo rapidly disappears, and there is no need of the knife or poultices. For the axillary and cervical regions, he finds that compression can be most easily kept up by means of a potato trimmed to fit the location and enveloped in a strip of thin muslin.

I have several times arrested suppuration in buboes by accurately applied strips of belladonna plaster. This relieves the pain, and often, by the pressure which is used, arrests suppuration. Dr. Taylor's plan, however, is so simple, that if others find it as successful as he, it bids fair to become a recognized and favorite form of treatment.

Treatment of Fractured Patella.—Mr. Jonathan Hutchinson holds that in fractured patella the separation of the fragments is not caused by the muscles: repeated observation has convinced him that it is always caused by, and in proportion with, the effusion into the joint. If there be no effusion there is no separation. Mr. Hutchinson says that when the muscle is at rest it is always relaxed, and when relaxed there is no reason why the upper fragment of the broken bone should not come easily down to the other, and, in fact, that it always does so when there is no effusion. Spasm of the muscle may of course cause separation at the moment of the accident, but as soon as the limb is in bed at rest its agency ends. If the effusion is the cause of the separation of the fragments, get rid of it as quickly as possible; the effusion may be blood or synovia or a mixture of the two. If it occur immediately after the injury it is probably blood, and these cases, Mr. Hutchinson says, are most difficult to treat, for blood is more slowly absorbed than synovia. The treatment of both kinds of effusion is the same, viz: a vigorous application of cold. The ice-bag and spirit lotion are the best measures according to Mr. Hutchinson, who says that if by these means you can get rid of the swelling in 8 to 10 days you will have a good chance of bony union. When the effusion has been subdued the bones should be brought together with oblique strips of plaster fixed in the notches of the splint. The limb should be extended from first to last on a well-padded back splint, and the leg kept elevated: after being bandaged the limb should not be touched for from six weeks to two months, when the patient should be allowed up, using a patellar apparatus, however.

Mr. Christopher Heath, while agreeing with Mr. Hutchinson as to the cause of the separation of the fragments (*British Medical Journal*, March 25th, 1882), carries the treatment further than Mr. H., and does not hesitate to aspirate the knee-joint, both in cases of fractured patella and injury of the joint without fracture. If the joint be aspirated a few hours after the accident, the blood being still fluid, can be readily withdrawn. Having emptied the joint Mr. Heath does not hesitate to apply at once a plaster of Paris bandage over an envelope of cotton-wadding, and he allows the patient to go about with crutches as soon as the plaster is dry. If he sees the case before there is effusion, he at once applies a plaster of Paris bandage, and allows the patient to move about

This method of treatment which Mr. Heath adopts is certainly a great improvement on the old one of clumsy apparatus, and prolonged rest in bed, when atrophy of the quadriceps is certain to ensue, and it is some months before use of it is regained. The most successful result of fractured patella I have ever seen was in a case where before effusion took place the leg was put up in a plaster of Paris bandage, and after a couple of days the man allowed to go about with crutches. The bones were separated by a very short interval, and of course the union was fibrous, but the man had perfect use of his joint. Dr. Hamilton of New York uses a back-splint of leather or gutta-percha, or gum shellac cloth (the latter preferred). It should reach from the middle of the thigh to two or three inches above the heel; a roller of cotton is then turned round the leg and splint to within three inches of the knee, and another from the upper end of the splint to within three inches of the knee. While an assistant approximates the fragments, the surgeon should make two or three turns with a third roller around the limb and splint, close above the knee, after which the roller descends below the knee, and a number of circular turns are made close below the lower fragments, which turns should approach each other in front till the whole patella is covered. The heel is left elevated or suspended Dr. Hamilton does not believe in evaporating lotions, but says the swelling usually goes down in a day or two, and then the patella bandages should be tightened daily as required by overstitching the oblique turns. At the end of four weeks the apparatus should be removed and the limb bent gently daily, after which the splint should be re-applied and the patient allowed to go about with crutches.

With regard to the union of the fragments, some surgeons deem it necessary to always get bony union, and Mr. Lister frequently wires the fragments together. Now the belief is getting abroad that bony union after all is not the most desirable, but that patients who have good fibrous union have better use of their limbs than those with bony union, and besides the tendency to refracture is less. Mr. Hutchinson says he is by no means an enthusiast as to bony union Dr. Hamilton decidedly prefers ligamentous. Mr. Heath remarks that the reason bony union is less advantageous than ligamentous is that the patella contracts adhesions to the external condyle. No doubt we are more apt to have ankylosis with bony union than with ligamentous, and for this reason the great Pott abandoned apparatus; he considered that position alone approximated the fragments sufficiently.

Iodoform in Surgery.—Iodoform has now taken a recognized place as one of the most valuable antiseptics. It may be used in the form of powder or iodoform wool. As a powder it is most useful in the treatment of local sores. sinuses, &c. Its powers of lessening suppuration are remarkable, and under its influence an unhealthy sore soon takes on a healthy action. The iodoform wool is difficult of preparation. It is made by heating eight parts of iodoform with 88 of ether; in four pints of this mixture half a pound of absorbent cotton is soaked for a short time, and the wool is afterwards placed in a drug press; when dry the wool contains about 10 p. c. of iodoform, and is ready for use. The objection to the wool is that an irritating powder is spread over the room, and its odor is very disagree-

able to many people. The former tendency is overcome by adding a little glycerine to the ether, and the latter is modified by the addition of eucalyptus oil. The wool should be stored in air-tight boxes. It is very useful as a dry antiseptic dressing and is much used at present in Germany. After an amputation the stump may be dressed, after sewing the wound with catgut or silver wire, and inserting a drainage tube, by properly applied pads of this wool kept in position by gauze bandages, the dressing may often be left on for ten days without change, and the drainage tube and stitches (if of silver wire) removed in the first dressing. The wound is, in a large percentage of cases, found to have united by first intention.

This mode of dressing gives us all the requisites for the rapid healing of wounds, viz , rest, elastic pressure, antisepticism, and drainage. Before applying the wool pads, iodoform may be dusted on the wound. In Germany, where it has been used most freely and in large quantities, some cases of poisoning have occurred, characterized by elevation of temperature and an erythematous eruption, and albumen in the urine. The Germans use it in wounds of the mouth, and pack it in cavities in the form of a paste made with resin. Some fatal cases have been described by H. Henry. According to Mikulics, of Vienna, the use of iodoform gives brilliant results in strumous diseases, and also in lupus after the epidermis has been removed with caustic potash. I have found it of the greatest benefit in gangrenous and sloughing wounds seen after crushing injuries; also in foul ulcers of the leg. The best way to treat foul ulcers is to dust on iodoform powder thickly, cover this over with oiled silk, over this place a pad of absorbent cotton, and bandage carefully and firmly. Here, again, we have the benefit of elastic pressure, with asepticity. In the treatment of soft chancres, its superiority to every other application is generally admitted, and its application is quite painless. Its odor is objected to by many, but it may be controlled by keeping a tonga bean in the box containing the powdered iodoform Mr. W. Whitehead (*Brit. Med. Jour.*, March 11, '82,) first dries the sore and then applies with a camel's hair pencil a solution of iodoform in ether. The ether rapidly evaporates and leaves the iodoform uniformly spread over the surface of the sore. This process may be repeated several times, and when the application is dry, it may be painted over with collodion, and a pinch of absorbent cotton is applied over this. Mr. Whitehead has had great success by this method. The solution of iodoform he sometimes uses is one part to two of ether and collodion ten parts. The dressing is renewed in 24 hours.

Mr. Lennox Browne says a solution of iodoform in collodion may be made without the addition of ether, by shaking up one part of iodoform with ten of collodion. The iodoform should be added to the collodion, and not the collodion to the iodoform, to obtain a clear solution. He uses it in glandular enlargements of the neck

Colectomy.—Mr. John Marshall, F. R. S., in a clinical lecture delivered at University College Hospital on April 27th, 1882, gives an interesting account of the above operation. It was performed in a case of "chronic intestinal obstruction, the seat and cause of which could not be ascertained, even under the influence of an anæsthetic, but which was discovered, on a median abdominal section, to be due to a circumscribed cylindrical growth, situated in the descending colon. Whereupon this growth was forthwith removed, through a left lateral abdominal incision, by resection or excision of the diseased part, together with small adjoining portions of the intestines. The two free ends of the bowel were then attached to the lateral wound in the abdominal walls, more or less after the manner adopted in colotomy, whilst the median abdominal section was closed by the usual deep sutures." The patient, unfortunately, only survived the operation three days, dying from a low form of peritonitis. Mr. Marshall remarks that he should approach another case of the same kind hopefully, and would make use of the left lumbar incision, as holding out greater chances of success.

Mr. Bryant, at a meeting of the Royal Medical and Chirurgical Society of London, on March 28, 1882, reported "a case of excision of a stricture of the descending colon through an incision made for a left lumbar colotomy." The operation was performed on a lady æt. 50, who had suffered from complete obstruction for eight weeks. The stricture could not be felt from below. The bowel was removed by simply pulling the segment strictured through the wound and stitching each portion of the bowel, with its two orifices divided, to the lips of the wound. The strictu e was of the annular kind, and involved about one inch of the bowel, and it was so narrow as only to admit the passage of a No. 8 catheter. A discussion ensued, in which it was stated that this was the first operation of the kind in British surgery. The majority of the speakers favored abdominal incision to the left of the left rectus muscle, as being more likely to lead to a correct diagnosis in obscure cases.

Gastro-Enterostomy.—Dr. Anton Wölfler, in the *Centralblatt für Chirurgie*, describes an operation to which he gives the above name. A man, æt. 38, had been the subject of gastric cancer for six months, and was admitted to Billroth's wards on the 27th of September last. He was weak and much emaciated, and for three months had vomited the greater portion of his food. Under chloroform, a tumor the size of an orange was felt in the pyloric region, and from the circumstance that it was movable in all directions, Dr. Wölfler was induced to make an exploratory incision, when he found cancer of the pylorus (freely movable), but in addition, the hepatico-duodenal ligament and head of the pancreas were infiltrated with the new growth. As a resection of the pylorus seemed impracticable, and as he did not wish to close the abdomen without accomplishing anything, the establishment of a nutrient fistula in the small intestine was the only thing to be thought of. The objections were obvious enough, viz., the due admixture of bile and pancreatic juice is prevented when the fistula cannot be established at the upper accessible portion of the duodenum, and the condition of the patient with such a fistula is always more or less deplorable. Accordingly, Dr. Wölfler determined to set up a direct communication between stomach and small intestine. The stomach was opened by an incision two inches in length in its greater curvature, a finger's breadth above the insertion of the gastro-colic ligament. He then made an incision the same length in a coil of small intestine (opposite the attachment of the mesentery), and stitched the edges of the wound on the gut to those of the gastric aperture. Strict antiseptic precautions were used, but no spray. The progress of the case was in every way satisfactory; the vomiting ceased, and the patient was able to eat solid food at the end of eight days without discomfort. The external wound healed by first intention. Four weeks after, the patient was well and was passing firm, brown-colored stools. Prof. Billroth performed a similar operation a few days later for extensive pyloric

carcinoma, but bilious vomiting setting in the day after the operation, the patient only lived ten days. —*Edinburgh Med. Journal*, April, 1882.

Early Treatment of Prostatic Obstruction.—Mr. Reginald Harrison, of Liverpool, advises the early use of instruments in prostatic disease (*British Medical Journal*, March 18.) To dilate the passage, he uses specially adapted bougies. The instruments are gum-elastic, two to four inches longer in the stem than usual, with an expanded portion an inch from the tip, which is made to enter the bladder. In this way the prostate is subject to pressure on the insertion and withdrawal of the instrument. As a rule, no irritation is aroused. By the use of these dilators Mr. Harrison asserts that the enlargement of the prostate is so moulded as to prevent obstruction. In a few persons it becomes necessary to establish a state of instrumental toleration. In some individuals the intolerance is entirely due to the presence of unnatural quantities of uric acid in the urine.

In case of difficulty in the passage of instruments where there is retention of urine, Mr. Harrison advocates tapping of the bladder from the perinæum through the hypertrophied prostate. He has devised a special trocar and cannula. The trocar is hollow, and when the bladder is reached urine flows through it. The trocar is then withdrawn and the cannula tied in. The cannula is arranged with a stop-cock, so that the urine may be turned off or on at will. A case is related in which the urine was passed through this prostatic cannula for six weeks, with the greatest comfort, at the end of that time the urine began to pass through the natural passage. The cannula was then withdrawn and the puncture rapidly healed, and urine was passed as usual through the penis. In fact nearly all the functional symptoms of enlarged prostate ceased to exist, and on examination through the rectum the gland was found to be much smaller, having rapidly atrophied after having been punctured with the trocar.

On Digital Exploration of the Bladder through Incision of the Urethra from the Perineum.—At a meeting of the London Royal Medical and Chirurgical Society, held April 11th, 1882, Sir Henry Thompson reported a case in which he had successfully removed a tumor of the bladder (in a man) through a perinæal section of the urethra. The patient had been operated on some time previously for stone (by lithotrity) but without complete relief to his symptoms; subsequently some phosphatic deposit was removed by the lithotrite, at this time he seized what at first felt like a calculus, and practically crushed it under pressure, but it was evidently fixed, giving the impression of partially impacted stone. As little benefit followed this operation it was decided to open the bladder. This was done by perineal section, and on introducing his finger into the bladder and pressure being made from above the pubes Sir Henry recognized a tumor about the size of a chestnut growing from the opposite wall, coated with phosphatic matter. The mass was easily twisted off with a pair of forceps and very little bleeding followed. The patient speedily recovered and had no return of the bladder symptoms subsequent to the operation. Regarding this and other cases Sir Henry advised that in certain cases of hematuria which was clearly vesical and was not explicable except by the hypothesis of impacted calculus or vesical tumor, an incision of the membranous portion of the urethra from the perineum, for the purpose of exploring the bladder, should be made. In a paper in the *Lancet* of May 7th, 1882, Sir Henry remarks that it is only during the last few years that he has gradually realized the fact, that it is possible, in not a few cases, to explore through a small perineal incision the whole or nearly the whole of the internal surface of the bladder with the index finger—a necessary condition, of course, is that the bladder should be empty, and that firm pressure should be made with the right hand above the pubes. The method of operating the author describes as follows: The central incision should always be adopted, and a medium grooved staff, and a long, straight narrow-bladed knife, with the back blunt to the point, should be used. Having placed the left index finger in the rectum, the knife may be introduced edge upwards, about three-quarters of an inch above the anus, with or without a small preliminary incision in the skin, until the point reaches the staff about the apex of the prostate gland, where it divides the urethra for half an inch or so and is then drawn out, cutting upwards a little in the act, but so as to avoid any material division of the bulb. The left index finger is now removed from the rectum and followed by the groove of the staff, slowly passes through the neck of the bladder as the staff is withdrawn, when exploration is made. This operation is often of benefit in old cases of cystitis, and, as well as satisfying the surgeon as to the exact condition of the bladder, often relieves symptoms where no lesion can be made out.

Splenectomy.—Mr. Warrington Haward at a meeting of the London Clinical Society held on March 24th, 1882, read an interesting paper describing a case in which he had excised the spleen. The patient was a woman, æt. 49, who for eighteen months had suffered pain in the left side of the abdomen, and for ten months had been conscious of an abdominal tumor, which had been steadily increasing in size, and which distressed her by its weight. When admitted into St. George's Hospital, she was rather a stout woman of good complexion, she did not look at all anæmic, and although the number of white blood corpuscles was increased she did not show any other signs of leucocythemia excepting a very enlarged spleen. The spleen occupied the greater part of the abdomen, and extended from the ribs to the groin, and from the loin to three inches beyond the middle line; no other glandular enlargements were present, nor was there ever any dyspnœa, palpitation, or hemorrhages. Pulse, temperature, and respirations were normal. It having been determined to remove the spleen, Mr. Haward performed abdominal section. An incision was made in the middle line from two inches below the ensiform cartilage to within two inches of the pubes. The enlarged spleen at once presented, and was found free from adhesion. The enlarged vessels at the hilus were clamped and ligatured in separate portions with carbolized silk, and the organ was removed without difficulty. While the wound was being closed the patient became collapsed suddenly, but was revived by artificial respiration and the injection of ether. Five hours after the operation vomiting came on, and persisting with great frequency, rapidly exhausted the patient, who died the evening of the operation. The spleen presented to the naked eye the appearance of simple hypertrophy. The fatal result was not caused by hemorrhage, but seemed to be due to disturbance of the great sympathetic plexuses, and the consequent shock of vomiting.

In the discussion which followed, Dr. Stephen MacKenzie raised the question whether removal of the spleen in leucocythemia was justifiable, quoting Mr. Collier's tables, which show, that though the spleen has been excised successfully in several cases,

in no case has the operation succeeded when performed for leucocythemia. Dr. MacKenzie thought possibly the operation was justifiable when the blood disease was not advanced, and the subject was a young one, as there were grounds for believing that the spleen was primarily at fault. Mr. Lucas thought a less serious operation, as ligature of the splenic artery, might be adopted if the affection were a simple hypertrophy. It would seem that for the present surgical interference in leucocythemia is narrowed down to splenectomy in selected early cases in young subjects, or perhaps to the substitution of some less formidable operation as ligature of the splenic artery.—(Report in *British Medical Journal.*)

Surgery of the Kidney.—The operations of nephrolithotomy, nephrotomy and nephrectomy are now considered by the surgical world to be justifiable operations. It has been established beyond doubt that *nephro-lithotomy* is a most successful operation in properly selected cases, viz., where the stone is of moderate size and single, and the kidney has not become disorganized. It is a most scientific procedure to perform this operation where stone has been certainly diagnosed by needle exploration, or where the pain and other symptoms lead one to believe there is a stone present. If left. the stone is certain to disorganize the kidney, cause much suffering, and probably death. The operation of incising the kidney (*nephrotomy*) has not proved a dangerous one, and it has been frequently demonstrated that the kidney can be easily explored through a lumbar incision, and even cut into with great safety. In cases of strumous or calculous pyelitis, the sacculated kidney can be drained through a wound in the loin and the patient freed from the danger and pain of retained matter. Nephrotomy, as an operation, is merely palliative, and, as Mr. Lister suggests, should only be performed where the patient is too weak for nephrectomy.

Dr. Roddick lately, at the Montreal General Hospital, performed nephrotomy in a girl suffering from scrofulous pyelitis of right kidney. The incision made was the transverse one, as in lumbar colotomy, the enormously distended kidney, which could be easily felt as a fluctuating tumour, was reached without difficulty, and about twenty ounces of fœtid pus evacuated; a drainage tube was introduced after washing out the sac with a 1 to 40 solution of carbolic acid. The operation was performed under the spray. The third day after the operation the girl had suppression of urine and symptoms of carbolic acid absorption, but after this had passed away (boracic acid being substituted for the carbolic acid) the girl improved rapidly, and was sent home some eighteen days after the operation, where I have heard she has since died, her improvement being only temporary. The relief afforded by the operation was decided, and I think this operation may be fairly considered to have been successful.

Nephrectomy.—Nephrectomy, or removal of the kidney, is a much more formidable operation than the foregoing. The dangers are much greater, many cases having been followed by suppression of urine, which by some has been attributed to the use of carbolic acid, either as spray or injection. It has also proved fatal from hemorrhage and wounds of neighboring organs, as lung and pleuræ. It has not yet been fully determined in what cases it should be performed, or at what period. Nephrectomy has been performed for tumor, cancerous disease, strumous and calculous pyelitis. Lately Dr. Barlow and Mr. Godlee read, at the London Clinical Society, notes of a case of nephrectomy performed for calculous pyelitis. The existence of the stone had been previously diagnosed by needle puncture. The kidney was removed by abdominal section, under antiseptic precautions. After the operation, a morphia suppository was administered and the patient passed off into a quiet sleep. Next morning the temperature was high, urine suppressed, and the patient was in a semi-comatose condition, from which she never recovered. Mr. Golding Bird and Dr. Goodhart, before the same society, reported a case of nephrectomy for scrofulous pyelitis of the right side only. The incision was made in the right loin and the kidney removed. The patient died of collapse shortly after the operation. The operation was difficult, and part of the 12th rib had to be removed. Mr. Howard Marsh also reported a case of exploration of the kidney and partial excision, where the patient died in thirty hours of suppression of urine.

These cases are instructive; in one apparently the morphia suppository had something to do with the fatal result. It also seems that partial excision of the kidney is quite as, if not more, dangerous than complete excision. Suppression of urine seems to be a very common complication. It is a question whether before nephrectomy is performed, a preliminary nephrotomy should not be tried. Now the lion is the most favorable positon for nephrotomy and perhaps the most difficult incision for nephreetomy, so this would be an objection. Some hold that if a preliminary nephrotomy is performed, it much increases the difficulty of a subsequent nephrectomy. Again, it is important, in considering the advisability of performing nephrectomy, to find out whether the pyelitis is confined to one kidney, or, rather, whether the other kidney is healthy. Strumous pyelitis is rarely confined to one kidney, and therefore excision of the kidney must be a defective operation, as the pyelitis is only a small part of a general disease. There are some of the difficulties in the way which make one hesitate to perform nephrectomy. Having, however, decided on the operation, which is the best incision, through the loin or abdomen? Certainly the abdominal incision gives the operator more room, and the surgeon sees what he is doing. I have frequently excised the kidney on the dead subject, and have been often amazed to find how much more easy it was to remove a kidney through an abdominal incision than through the lumbar one. Removal through an incision in the loin is very difficult, especially the ligaturing of the vessels entering the pelvis of the kidney, besides, in some people, the distance between the last rib and crest of the ilium is very short; in these cases, of course, the 12th rib has to be excised. or a **T** incision made, both of which procedures increase the risk of the operation. The only objection to the abdominal incision is that two layers of peritoneum are wounded; but now-a-days we are not so fearful of wounding that structure as formerly. There is another danger to which I have previously called attention,* and which may be more easily avoided by the abdominal incision, and that is where the renal artery is multiple, and enters the kidney in all parts, and also where it is double, one entering the extreme upper end, the other the extreme lower end of the kidney, no artery entering the pelvis at all. Many more operations are necessary before we can decide when and how to perform nephrectomy.

*Brooklyn Annals of Anatomy and Surgery, Vol. III, 1881.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, JULY 25, 1882. No. 14

Editorial.

The University Muddle.

The latest phases of the Joy Electric Device-Frothingham-Maclean-*et al.* embroglio are a printed reply from Professor Joy to Professor Frothingham's attack on him before the regents, and the resignation of Professors Frothingham and Maclean. Prof. Joy's reply is lengthy and exhaustive, and its "conclusion" contains the following significant paragraph:

"The rather comical comparison which Dr. F. makes towards the end of his statement, is a method of argument which is not new to him. It was only a few years ago that the same gentleman, in speaking of a committee of the Michigan State Medical Society, composed of men of the strictest integrity and personal honor, compared them to 'hired assassins,' and when I recall this, I can almost feel it an honor to be treated in a like manner by that gentleman."

The resignation of Professors Frothingham and Maclean is conditional, the conditions being Professor Joy's expulsion.

These developments are very remarkable in the light of the charge that the NEWS had, with malice prepense, magnified a mole hill into a mountain.

Had Professors Frothingham, Maclean, Palmer and Langley, the certifiers to the value of the Electric Device, instead of giving their testimonials, remonstrated with Professor Joy, and pointed out to him his error, the probability is that the Device, with scrotal and vaginal attachments, would never have been put on the market. Professor Joy had just entered the profession, and was presumably ignorant of the ethical rules governing such matters. It was the duty of his older colleagues to have called his attention to the code which he was about to violate. Instead of this, however, they endorsed his quackish Device, and now that they have called down on themselves the denunciation of the profession, they seek to make their young associate the scapegoat. It remains to be seen whether the Regents will be induced by these two gentlemen, to stultify their action at the June meeting. We are not a prophet, nor the son of a prophet, but we venture the prediction that Professor Joy will not be removed and, moreover, that Professors Frothingham and Maclean will retain their positions. This resigning dodge is pretty thoroughly understood in these parts.

A meeting of the Regents is called for the 28th inst., to take action on the resignations. Whatever the result may be we trust that it will be such as may convince the gentlemen that the consuming of the time before their class for which they are paid by the state, in personal villification of the editor of a medical journal, who in the discharge of his duty gives a plain statement of facts, without comment, on a matter of professional interest, is not the best way to correct an error. What may at first have been but a blunder, the gentlemen have, by their subsequent conduct in reference to it, converted into a crime.

Professor Joy in his "reply" makes use of the following which we most respectfully submit is an erroneous conclusion, and one which he might have avoided without detriment to his cause:

"During this time an article appeared in the MICHIGAN MEDICAL NEWS which is edited by Dr. Mulheron, a professor in the Michigan Medical College, of Detroit. This article was entitled "Is it Quackery in High Places?" It was a savage onslaught against the University, and tended, and it is believed by many was intended to damage the good name of the University."

If he will take the trouble to refer again to our first notice of this matter he will see that we gave only extracts from the pamphlet issued by Wagner & Co., and submitted them without comment other than to ask for an explanation. There certainly was nothing "savage" in such an "onslaught" as that. If the reproduction in a medical journal of the certificates of the four professors of the University, which certificates were being scattered broadcast among the public, was intended "to damage the good name" of that institution, we must of course plead guilty. Our request for an explanation was, however, met by an effort at justification, and it was only then that we made "the savage onslaught." The "onslaught" was, moreover, not on the University, but on the individual professors who were first guilty of giving the certificates to the efficacy of a patented device (see code of ethics of American Medical Association, "Of the Duties of Physicians to each other and to the Profession at large," Article I, section 5), and who afterwards made the attempt to justify their act an excuse for vile attacks on us personally, both in their organ and before their class in the University.

In justice to Professor Joy we would say that his course in regard to the device itself after we called his attention to its unethical nature, was all that could be demanded. He at once set about remedying the mistake into which, we are charitable enough to believe. the certificates of his colleagues and late teachers were largely instrumental in leading him. He, however,

makes another mistake when he regards an exposé of an unprofessional act by an employe of the University as an "onslaught" on the institution itself. The profession and the people, too, of this great commonwealth will repudiate any such conclusion, and will regard him who exposes such direlictions as those indicated, as friendly rather than as hostile to the University, which is the pride of the State. A foe to the University would have allowed and assisted the Device and its flaming circulars and nude figures to become familiar to the public, professional and lay, throughout the whole country, for certainly nothing else that we can think of could be better calculated to reduce the institution from its high standing.

Dr. Joy had better confine himself to the gentlemen who have sought to shift the odium of this Device matter entirely to his shoulders. The University requires no champion and we hope the day is far distant when its fair name will hang on so slight a tenure as the professional integrity of any two or three of its employes. When that time comes let its costly buildings be razed and their ruins sown with salt.

The Value of Post Mortem Examinations as Aids to Justice.

Post mortem examinations are usually undertaken either for the gratification of a commendable scientific curiosity, or for the securing of evidence with which to further the ends of justice. When for the former purpose the public are but remotely interested in them, and whether they are conducted with all possible care and attention to detail or in a very slipshod manner, matters comparatively little. When the welfare of society, however, or the life or liberty of a human being depends upon the result of an autopsy, the case is very materially different, and the responsibility which it places on the person making it is one of the gravest which can be placed on man. The physician, therefore, who ventures an opinion based on a post mortem, in the performance of which he has not brought to bear a profound knowledge of what is required and a perfect aptness for the office in all its details, places on his conscience a load which, if it do not weigh him down, proves him to be cursed with a dangerous moral obliquity.

We have had occasion heretofore in these columns to direct attention to the carelessness or lack of ability which has characterized the conduct of several post mortems in this city of late years. It is to be feared that in more than one instance justice has been cheated through just such post mortems. To the honor of those who have conducted them it must, however, be said that they have not always been to blame. As an illustration of this statement we would instance the following:

In the early spring of 1879 a couple of men at work at one of our wharves discovered a bag floating near the shore. On bringing it to land and opening it they found it to contain the body of a woman which was tied up with the legs flexed on the body and a bandage placed over the mouth. The coroner's inquest failed to unearth the perpetrators of this crime or to let in the least gleam of light on the mystery. Two physicians were called in and a post mortem was held after the usual manner, but it too failed to furnish any key. The only fact definitely determined was that the woman had not been drowned but was thrown into the river after she had died. The detectives formulated their theories and made strenuous search for evidence to bear them out. In the course of a year they succeeded in establishing the identity of the body and in fixing their suspicion on a party whose arrest, trial and acquittal followed in due time.

The prosecution was conducted on the theory that the party arrested had, for reasons which were deemed a strong incentive to the crime, chloroformed the woman, suffocated her with the bandage found tightly tied over her mouth and nose, tied her up in the bag which was weighted and thrown into the river. The theory of the defense was that the woman had died from the effects of an abortion and was then bagged and disposed of as described, and proved that another party than defendant was the cause of her pregnancy.

The value of the results of a post mortem under such circumstances could not be over-estimated, but when the physicians who had conducted the autopsy were placed on the stand they were unable to give any testimony on the question of the woman's recent pregnancy. Their examination had been too macroscopic and general for the requirements of justice and was utterly disregarded by the court. They were unable to testify from the examination on this point, and when asked why the autopsy had not been more thorough, one of the gentlemen with a directness and honesty which laid bare the cause of the superficial examination, replied that "the authorities were only willing to pay for a dollar post mortem and he had given them only a dollar one." The answer was a very fitting one, and we commend it to the careful consideration of the authorities. The public have no claim on the profession for services for which they are unwilling to pay. Physicians are daily summoned to the witness stand to give testimony as experts without any discrimination, as regards fees, being made between such testimony and testimony bearing purely on facts involving no special training on the part of the witness. While our courts have compelled the expert to answer questions based on hypothetical cases, they cannot compel a man to testify regarding that of which he is ignorant, and, as in the case under consideration, a physician cannot be compelled to possess himself of facts which can only be possessed at the expense of much time and convenience, and of which he cannot, in justice, be expected to possess himself without a proper pecuniary recompense for such expense.

It is to be sincerely hoped that the case and its

denouement referred to, may prompt our authorities to a willingness to pay for the most careful examinations under such future cases of a similar nature as may unfortunately transpire. When they do their duty in this regard it will be time enough for the public to find fault with the profession.

Influence of Coitus Upon the Healing Process.

Some of the French surgeons have been studying this matter and admit that bad results which sometimes follow surgical operations may be due to that cause. An interne in one of the Lyons hospitals has ascertained that a thermometer placed in the rectum during coitus showed in nine trials an increase of one degree Fahrenheit above the normal temperature.

In view of local changes in temperature due to local changes in the circulation, recently demonstrated by Burdon Sanderson, we do not see how a local increase of temperature in rectum is going to effect the condition of wounds remote. The interne does not inform us that there is a general increase of temperature under the circumstances mentioned and if there is not, wounded parts remote from the precincts of elevated temperature, in accordance with strict physiological principles, would remain uninfluenced.

The ingenious experiments peculiar to France are hardly necessary to teach American surgeons the necessity for interdicting the marital relations during recovery from operations upon the genito-urinary tract.

Subscribers who shall not have remitted for current volume by the 5th prox. will find a reminder of the fact in the next copy of their "News." We trust it may be necessary to send out but a few of such reminders.

Miscellany.

Sleep and Sleeplessness.—*British Med. Journal:* "A Natural Philosopher" writing to the *Daily News*, propounds what he conceives to be a new method of inducing sleep, and claims for his excogitation the dignity of a "proud discovery." To tell the story in his own words, the notion which has occurred to him is "to marry the mind to the body." For example, he makes the finger of his right hand describe a series of circles, while he is thinking of the books in his library, and, as he says, "thus turning over in my mind books and circles, it will go hard with me if the one does not presently melt into the other, and the whole into a dream." The conditions of success are laid down as follows: "I maintain sleep must follow, if this process is carried on with the strength of mind to sternly check all quitting of those two great points —a congenial walk for the fancy and persistence in describing circles. But the jade fancy must not turn aside, nor must the mind swerve. Circle must follow circle, book must follow book, like the stroke of a pendulum." "A Natural Philosopher," is apparently ignorant of two facts about sleep, which are all-important in the treatment of sleeplessness, and which are curiously illustrated in his ingenious device, and the success which seems to have attended its employment in the experience of the "discoverer." It may be worth while to note these facts, and the lessons they teach, by way of recalling certain practical phases of the physiological process of periodic rest, to the mind of the busy practitioner, who is almost daily called upon to treat the troublesome and destructive malady of sleeplessness.

As Dr. Mortimer Granville, the most recent systematic writer on this subject pointed out, general sleep is the aggregate of independent though normally correlated sleeps induced in various parts of the system. Cerebral sleep, or physiological rest of the higher brain centres; automatic sleep, or rest of the executive centres; sensory sleep; muscular sleep; visceral sleep—are all component parts and factors of the sum-total of general sleep. Any one of these varieties, or integers, of sleep may be deficient or excessive, and the result will be marred by the disturbance of that harmony which is essential to the perfection of all organic functions. This is the first fact to be noted. "A Natural Philosopher" gives evidence of the need that, in this case, for a special induction of somnolence in the automatic and muscular systems, by the recourse to monotonous movements, which weary the centre that presides over the right hand; and, at the same time, weary the muscular system through one of its most highly organized combinations. The second fact to which we allude, as concerned in the production of the result described, is that of which every student of sleep, with a view to treat sleeplessness, ought to be cognizant and mindful—namely, that the periodic recurrence of sleep is normally a matter habit; and, therefore, the act of "going to sleep" ought to be also a habit. Dr. Mortimer Granville insists strongly on this point. He says: "The cultivation of a habit of going to sleep in a particular way, at a particular time, will do more to procure regular and healthy sleep than any other artifice. The formation of the habit is, in fact, the creation or development of special centre, or combination, of the nervous system, which will henceforward produce sleep by natural rhythmical process. . . . It is not very important what a person does with the intention of going to sleep; but he should do precisely the same thing, in the same way, at the same time, and under as nearly as possible the same conditions, night after night, for a considerable period—say three or four weeks, at least. The result will amply reward the effort." If "A Natural Philosopher" had formed any other *habit*, involving a sufficient amount of muscular exercise to meet the special needs of his case, he would have been equally successful.

Sleeplessness is wakefulness, and it should always be treated from this point of view. A very common cause of insomnia in certain of its most troublesome forms, namely, those accompanied with mental restlessness and worry, is such vaso-motor disturbance

or debility—it may be either or both—as prevents the conversion of the jactitory or pulsating current of the blood into a continuous and steady flow before it reaches the capillaries. When this state of affairs exists, relief may occasionally be obtained from a moderate use of some stimulent in the form of a "night-cap," but that is a mere expedient for the service of the moment, and does nothing toward permanent cure. The rational remedy for this form of insomnia is undoubtedly a tonic treatment, acting as directly as possible on the vaso-motor centre or system; sedatives do harm. The commonest cause of sleeplessness is, however, disproportionate fatigue, by which some part or system of the organism is over-worked, while others are not sufficiently exercised. The diagnosis of cases of this class requires a very close scrutiny of the habits of life of the sufferer, and a rigorous testing of his senses and functional activities in detail. Dr. Mortimer Granville has described thirty-six causes or forms of sleeplessness falling into this category. A scientific treatment of insomnia must obviously consist in something widely different from the administration of opium, chloral, or bromide of potassium, in such doses as may suffice to stupefy the faculties, and perhaps in a roundabout way induce sleep.

The subject is one which has not yet received that close study at the hands of physiologists and practitioners which its practical importance would justify. The most painstaking experimenter has been Vulpian. He wholly rejects the anæmic theory, and has, as it would seem, conclusively demonstrated the fallacy of that generally accepted view. Not only for its own sake, but for the sake of the many mysterious phenomena of health and disease upon which a full elucidation of the nature and causes of sleep and sleeplessness would probably throw light, it is much to be desired that the whole question may before long engage the serious attention of the many able investigators in our midst.

GERMAN LETTER.—GASTRIC CATARRH, TYPHOID FEVER, SCARLATINA, SCLERODERMA.

STUTTGART, June 22, 1882.

MY DEAR DOCTOR:

As I am now in another part of Europe, seeing again some difference in the management, treatment, etc., of disease, I thought it might be interesting to you and the readers of your excellent journal to give a short item in regard thereto.

Although there is no University here, the opportunities afforded for the practical study of disease are very *very* good, as you can easily understand from the following:

Stuttgart has about 110,000 inhabitants with several hospitals, the "Cathrinen" being the one I attend principally; it contains 500 beds half being devoted to surgical and half to medical cases; each department is under but one doctor, Herr Dr. Laudenberger having the latter and Herr Dr. Gartner, the former, each doctor having one assistant.

I am spending most of my time on the medical side, having as you know given my attention to surgery in England and Scotland, and, am happy to say that almost every disease is illustrated by a well marked case.

The principal diseases met with are the same as in our large hospitals, with the addition of a great number of cases of catarrh of the stomach, syphilis, etc., diseases which with us are rarely seen in hospital practice. At present there are 11 cases of the former, the occurrence of which is accounted for by the lack of knowledge of "how to eat" and neglected constipation. The only symptoms they complain of are pain and tenderness in the right iliac fossa, very little swelling is present, if any, and constipation, the percussion note is slightly lower than normal. They do not require much treatment, it being lightly antiphlogistic. Ice-bag over the right iliac fossa, later on electricity is applied to the part with wonderful results, as all of the cases at present in the wards are on the high road to recovery, while many are able to leave their bed.

Typhoid is also quite frequent, there being at present nine cases thereof. It is not thought to be in the slightest contagious, as those patients suffering with it are placed in the large wards among the rest for treatment. Much to my surprise, those suffering with scarlatina are only excluded for a few days, when they also are placed with the others. I have taken special observation of this, especially as regards the latter disease, and as yet (three weeks), it has not been communicated to other patients, while those suffering are convalescing. Herr Dr. Laudenberger gives calomel in 5 to 10 gr. doses three times a day at the outset of typhoid, until its action is very well established. It acts very well, the temperature invariably falling from 1 to 3 degrees after its administration. Otherwise the treatment is cold baths, quinine, etc.

I had the opportunity of holding a post-mortem examination on Mrs. Fichter, æt. 35, who died from enteric fever on Thursday morning last. Mrs. F. had suffered from phthisis, as was evinced by a cicatrix at the apex of the right lung, where a cavity had existed; in the middle lobe was also a deposit of yellow tubercle. The spleen was enlarged and congested; the liver showed evidence of fatty degeneration, being enlarged, yellow and soft; the kidneys were simply anæmic, the heart was softened and pale. Ulcers covered the ileum for a distance of 2½ feet at its lower part, with one perforation, while several had reached the peritoneum. She died on the 18th day.

There is also present a well marked case of that uncommon disease, scleroderma, in one

Mrs. Dürner, æt. 54. She was always well, and ten days ago complained, coming into the hospital. Her temperature is always normal, and she complains of nothing other than the pain which the tightly drawn skin produces, which feels like a board, being very hard.

The only treatment given is that of cold baths, under which she is improving. The skin on the arms is much softer, although it still remains quite hard on the back. The bath is given once a day, with douching, etc.

There are many occasions, and I do not forget to take every opportunity, of making my "Alma Mater" known, and often speak of the Michigan College of Medicine with the praise which it deserves.

Hoping to be again soon in your midst, believe me, Yours respectfully,

E. J. KAUFFMANN, M. D., L. S A.

HOMŒOPATHY AND THE AMERICAN MEDICAL ASSOCIATION.—Dr. James Lamb, of Aurora, Ind., writes under date of 10th inst.: In your issue of the 26th inst. vol. 5, No. 12, you say you "yield to no one in your devotion to scientific medicine or to the interest of the regular profession." You then go on objecting to the action of the American Medical Association in their treatment of the delegation from the N. Y. Association. I grant it is very easy to raise objections to the action of public bodies, but making objections to such actions is one thing, and proposing something better as a substitute is quite another. You say you cannot endorse the method adopted by the N. Y. Medical Society. Then if you cannot endorse it how could you expect the American Association to do so? and if they could not endorse it, how could they have done otherwise than reject their delegates? You say the New Yorkers have entered a wedge, that by persistent pounding will result in a split of some kind. The split, sir, has already occurred, the New York charlatans have introduced the wedge, and charlatanry has pounded it till it has split off a worm eaten *slab*. Now I can not understand how this can work any evil to regular scientific medicine, as we do not propose to put any worm eaten slabs in the floor of our beautiful marble structure, but if there are any in our ranks who want to leave our marble palace and dwell in a wooden structure with a floor of worm eaten slabs all they have to do is to enter in with the New York Association and dwell till it topples over, for they have laid their foundation broad enough, (though exceedingly shallow) to hold all the hydropaths, homœopaths, physio medics, eclectics, and all other medical dogmatists in this broad land. But aside from this, and candidly, what would you have the regular profession do? Our foundation is broad enough and deep enough to hold any that may be prepared to build on it. There is nothing in our code to prevent an educated medical gentleman from practicing on the principle of similia similibus curantur, or of giving cayenne pepper and lobelia, or xanthoxylon and May apple root, or from using any means or drugs honestly to prevent or remove disease or to relieve pain, or even from giving sugar pills as a placebo. Why then should I be asked or expected to meet or recognize a man who has already ignored me? For the fact that a man puts up his sign or in any way comes before the public as an eclectic, homœopath, or any other medical dogmatist, he ignores the regular profession, and claims to be possessed of knowledge that the regular profession with their accumulated results of hundreds of years of investigation have failed to obtain. But, sir, if you can suggest anything that will remove charlantry in medicine from our land I am very sure the profession will be ready to co-operate most willingly in the laudable undertaking. But if not, what better can we do than we have done?—simply let all such men severely alone.

PRECAUTIONS AGAINST SMALL-POX.—The Michigan State Board of Health, at its meeting on the 12th inst., memoralized Congress as follows:

To the Honorable the Senate and House of Representatives in United States Congress assembled:

Your memorialist, the Michigan State Board of Health, respectfully represents: That small pox, diphtheria and scarlet fever have been and are being repeatedly introduced into this State by immigrants newly-arrived from foreign infected places, and by travelers who have come in contact with such immigrants; that because of the rapidity of travel, and the vast amount of inter-State travel, it is impossible for State or local boards of health without extraordinary interference with inter-State commerce to successfully quarantine against or effectually control these diseases while the United States Government permits one or more of them to be introduced so frequently as of late by immigrant vessels which reach this country; that while in ordinary years the introduction of scarlet fever and diphtheria is believed to be of exceeding consequence in causing epidemics, in swelling the death rates, sickness rates, pauperism and general suffering, cholera and yellow fever are sometimes thus introduced, and at the present time small-pox is causing especially wide-spread disaster in this and other Western States; that, by reason of such introduction of disease, the lives, health, and happiness—those dearest and most important interests of our people—are constantly destroyed or placed in imminent danger from those foreign pestilences from which it is entirely possible for the United States Government to afford protection; that we believe that it is the highest duty of a government to protect the lives of its citizens from dangers which threaten all, and from which no other than governmental protection is adequate; that it is with deepest apprehension that this State Board of Health learns that by reason of insufficient provisions, in the Sundry Civil Service Appropriation Bill, for the National Board of Health, the important work which that board has lately commenced and is expected to do is likely to be crippled; that this board believes that now, more than ever before, is a most inopportune time to lessen in any way the activity and usefulness of the National Board of Health, believing as this board does,

that there is no other governmental department, bureau, or "service" so closely connected with the highest interests of all citizens and of humanity.

Therefore, this State Board of Health earnestly prays Congress to grant sufficient appropriations to the National Board of Health, and to make such other provisions as will enable it to continue the immigrant inspection service at all important ports of entry, and on important lines of travel, and to provide in every possible way for the protection of the whole country from cholera and yellow fever, and also from those contagious diseases herein before mentioned, which are well known as causing the most deaths and distress throughout the greater portion of this country.

By direction and on behalf of the Michigan State Board of Health.

LE ROY PARKER,
President.

HENRY B. BAKER,
Secretary.

THE FIRST MAN AS DISSECTED BY OLIVER WENDELL HOLMES.—Already in the first man who trod the soil of our planet the great mechanical and chemical discoveries of uncounted coming ages were anticipated. His tissues were woven in a loom no eastern fingers, no western machinery, could rival. Where strength was needed, a power of resistance like that of iron was given to strands of fibers finer than the spider's thread, seen only as it glistens in the sunbeam. Where elasticity was wanted, a substance like caoutchouc exuded and solidified. The pillars which support his frame would crumble under it were they not many times stronger in substance than the columns which support his temples. The leverage of his limbs is adjusted to his needs with an audacity which no engineer would venture. The hydraulics of the circulation are but clumsily imitated in our aqueducts and their distribution; and what are all the floodgates of human contrivance compared to those delicate translucent valves which we were so recently studying, which stand guard at the mouth of the great artery, and arrest the solid column of blood coming back upon them like the blow of a hammer day and night, seventy times a minute, for seventy years, and so many more as life may spare us? Man is more than a machine, but as a machine he is an ever-present miracle. His heart is a time-keeper which counts the seconds for a century with one winding up. The heating apparatus of our dwellings in the surfaces of its radiators and the pots of its furnaces only repeats the valvulæ conniventes and the villi of our own mucous membranes. No telephone conveys a message so faithfully as the membrane of the tympanum transmits it to the listeners in the recesses of the labyrinth. No steam-engine can work with so little fuel as the human organism; no dye-house can reproduce the glow of a youthful cheek; no laboratory can manufacture a grain of albumen; no musical instrument can reach the human heart like a woman's voice: no lens can adapt itself to light like the human eye. . . . The perfection of the microscope was developed by imitating as it best might those achromatic arrangements, the darkening pigment, the diaphragm, the adjustments for distance, which were all complete in the first man who opened his eyelids on creation.

ACTION OF OPIUM AND MORPHINE ON INTESTINES.—The *British Medical Journal* states that the constipating effect of these drugs is due to their being irritant of the splanchnic nerve, which is said to be the inhabitory nerve of the intestines. It is said to be acted upon by morphia just as the vagus nerve is by digitalis—small doses exciting and large doses paralyzing it. Peristalsis is said not to occur in inferior animals as it does in man. Peristalsis has been found in man sufficiently vigorous to cause fecal vomiting, even when there was no obstruction of the intestinal canal. The filling and emptying of the long cæcum peculiar to some animals, could only be effected by alternate peristalsis and retrostalsis. Good results are claimed for the treatment when practiced on adults as well as children.

CIRCUMCISION.—In this country where the notion is quite generally prevalent that serious reflex disturbances are the result of contracted prepuce, it is doubtful if dilatation would answer the purpose. The doctrine of reflex paralysis from irritated prepuce, as presented by Dr. Sayre, makes it necessary to assume that changes have taken place in the end organs of the nerves of the fore skin which will require removal before good results may be expected. In this connection it may be remarked that the cases reported by Dr. Sayre fall short of proving that circumcision by any method will cure the paralysis of supposed reflex origin.

SUSPENSION OF THE NATIONAL BOARD OF HEALTH BULLETIN.—The medical profession at least, will heartily endorse the following sentiment from the *Maryland Medical Journal:* Owing to the failure of Congress to provide a sufficient appropriation for the proper continuance of the National Board of Health, the publication of the Journal which hitherto, for three years, has been issued weekly by the board, was suspended July 1st. No event, scarcely, connected with the medical department of the administration of the government of this country could be more unfortunate. The necessity for providing means of publication for the important investigations carried on under the direction of the board must be obvious to all impartial observers, and what shall we say of the information so promptly conveyed of the prevalence of communicable diseases, of death-rates and other like matters. Just as America was beginning to take an honorable position in the department of hygiene and public health, our hopes are blasted by the short-sightedness or penuriousness of our legislators. Could they not have begun with some of the appropriations which relate merely to matters of conveni-

ence or luxury, rather than with this which concerns the lives and health of cities and communities?

[Reported for the NEWS.]

MICHIGAN STATE BOARD OF HEALTH.—The regular quarterly meeting of the State Board of Health was held July 11, at the office of the board in Lansing, the following members being present: Leroy Parker of Flint, president; Rev. D. C. Jacokes, Pontiac; Drs. Henry F. Lyster, Detroit; J. H. Kellogg, Battle Creek; John Avery, Greenville, and Henry B. Baker of Lansing, secretary.

SMALL-POX AT FLINT.

Mr. Parker presented an account of an outbreak of small-pox, from which, and a report made by Dr. Lyster who had visited the case at Flint, it was determined that the first case was of a woman aged about 55 years, who traced her exposure to no other source than a peddler, supposed to have come from Canada, who had called at her house. Three weeks after the woman was taken sick the daughter came down with the disease, and in three weeks more a boy, exposed by the daughter, was taken sick. This case was diagnosed as chicken-pox. The health officer diagnosed the case as small-pox, but met with violent opposition when he attempted to quarantine the family. Other cases appeared, called chicken-pox by some and small-pox by others. Finally two physicians of Detroit went to Flint, and assured the citizens that the disease was small-pox, justifying the action of the health officer, who is now seconded in his efforts to restrict the disease. There are some 15 cases of small-pox, and they are largely due to the willfulness of persons in trying to maintain that it was not small-pox, against the views of the health officer.

BUILDING INSPECTION.

Dr. Kellogg reported as a member of the joint committee of the State Board of Health and State Board of Charities, relative to the plans for a dormitory and school at the reform school, detailing the changes advised in the plans to make the building more perfect in a sanitary way.

Dr. Avery, as a member of the joint committee from the same boards to visit the reformatory at Ionia, reported that the warden assured the committee that the changes they had advised in the shops now under construction at that institution would be carried out.

WORK OF THE OFFICE.

The secretary presented a detailed report of the work performed in the office during the last quarter as follows: Much correspondence and hard work in starting the immigrant inspection service, which is now yielding valuable information as well as aiding in preventing the spread of diseases. The inspectors at Port Huron and Detroit now make weekly reports to this board. Three cases of small-pox have been found on trains at Port Huron, and many cases of measles have been found on trains between Port Huron and Detroit.

The various small documents printed by the board, for the prevention and restriction of diphtheria, scarlet fever, etc., and instructions as to the work of health officers in the restriction and prevention of various diseases, have been distributed to health officers throughout the State and a great many others, including masters and secretaries and lecturers of Michigan granges to the number of 840. These are sent in the hope that they will bring the subject before their organizations, and thus aid in disseminating information.

The returns of the names of 1,025 health officers in Michigan have been received, examined and entered on the list, and a second demand sent for returns to such places as are yet dilatory. Correspondence has been larger than usual on account of some new work in regard to immigrant inspection, etc.

A letter was read from the manufacturers of a nursing bottle which had been criticised by this board as poisonous, having a lead sinker attached to the rubber tube, stating that the objectionable feature would not hereafter be manufactured by them. They have substituted a glass sinker.

CONTAGIOUS DISEASES.

A letter was received from J. Heitmann, health officer at Jamestown, Ottawa county, stating that scarlet fever was introduced into that township by immigrants from Holland, and eight deaths had occurred.

The secretary mentioned a report that scarlet fever was communicated to a cashier in a bank at Sault St. Marie, by money received from immigrants passing through there.

Dr. Lyster reported an outbreak of diphtheria in the upper peninsula, the disease having been brought in by immigrants.

A resume of the work of other state boards of health was read by the secretary.

SANITARY CONVENTIONS.

An invitation for a sanitary convention at Reed City, signed by the editors, ministers, and doctors of the place, was accepted conditionally. The time for the convention was fixed about the last of November. The board also voted to accept an invitation and hold a sanitary convention at Pontiac in January.

NATIONAL BOARD OF HEALTH.

The danger to public health interests, caused by insufficient appropriations for the National Board of Health, was considered, and telegrams expressive of the apprehensions of this board in case the work of the National Board of Health was crippled were sent to Michigan senators, and the president and secretary directed to to forward a memorial to congress on the subject.

CHEMICAL ANALYSES.

Dr. Lyster introduced a preamble and resolution which was adopted, as follows:

"WHEREAS, it is essential to the health and well being of the people of the common-wealth that all articles of food offered for sale should be free from adulteration;

"*Resolved*, that this Board have such analyses and reports made, by experienced chemists, on such articles of food as may be submitted to them by the officers of this board, and that such sum of money as may be required, not exceeding $150 for the year 1882, be devoted to the necessary expense of such analyses."

Dr. Baker offered the following, which was adopted: "That the secretary be authorized to have analyses made of tissues, secretions, and excretions of the human body, to aid in determining the causes of certain diseases, at an expense not exceeding $100."

Dr. Lyster, special committee to report on the present knowledge respecting the cause and prevention of typhoid fever, read the introduction to a paper on this subject, which was accepted with thanks, and he was requested to complete the paper for publication in the reports.

The examination of candidates in sanitary science was postponed until the October meeting of the Board, which will occur October 10.

THE CRADLE OF ANÆSTHESIA.—Dr. Oliver Wendell Holmes, in speaking of the discovery of anæsthesia (*Boston Med. and Surg. Journal*), says:

"Its cradle was the Massachusetts General Hospital as surely as Faneuil Hall was the cradle of liberty. Not that the earliest hint of either of them was first breathed under those roofs. The Messiah was long promised and expected, but he was born and cradled at Bethlehem.

"In spite of the not infrequent attempts to appropriate elsewhere the credit of this heaven-sent gift to mankind, of which the most extraordinary is that of the late Sir James Y. Simpson, in the eighth edition of the *Encyclopædia Brittanica*, quietly superseded, I am pleased to say, in the ninth edition of the same work, Boston is the Bethlehem of this divine birth, and will, in the light of that fact, remain one of the sacred shrines of humanity as long as the waters wash her feet and the winds blow over her dwellings."

As a comment on the above we commend the following from the *Atlanta Medical Register:* "For cool, sublime assurance this declaration from "the hub" is typical. But, it should not be forgotten that the speaker is a poet; and poets, by common consent, enjoy a large liberty of expression for the sake of euphony merely. They often take a broad license to make their verses rhyme, not always with fact, but with one another."

EFFECT ON WOMEN OF IMPERFECT SEXUAL HYGIENE.—Dr. Chas. Fayette Taylor (*American Jour. of Obstet. and Diseases of Women and Children*) argues that many of the invalids among the unmarried women, especially those of the highest and most refined class, have been ruined in health, and often in mind, by *disuse* of the sexual organs. He states that in many instances the subjects are entirely ignorant of the cause and even of the nature of the erotic sensations—all such ideas and influences having been, by education and training, methodically repressed from infancy. Many form the habit of masturbation, and are thus undermined in health.

In the *North American Review* for August, the Rev. Henry Ward Beecher writes of "Progress in Religious Thought," pointing out the many influences, social, educational and scientific, which are by degrees transforming the whole structure of dogmatic belief and teaching. T. V. Powderly, the official head of the Knights of Labor, the strongest union of workingmen in the United States, contributes a temperate article on "The Organization of Labor." The well known British military correspondent, Archibald Forbes, writes of "The United States Army." "Woman's Work and Woman's Wages," by Charles W. Elliott, is a forcible statement of one of the most urgent problems of our time. In a highly interesting essay on "The Ethics of Gambling," O. B. Frothingham analyzes the passion for play with rare ingenuity. "The Remuneration of Public Servants," by Frank D. Y. Carpenter, gives matter for serious consideration, both to civil service reformers and their opponents. Finally, there is a paper on "Artesian Wells upon the Great Plains," by Dr. C. A. White, of the Smithsonian Institution. The *Review* is sold by booksellers generally.

Dr. Stark, according to the *Berliner Klinische Wochenschrift*, removed the uterus through the vagina, and finding the right ureter involved in the diseased condition of the uterus, removed it. The stump of the ureter being too short to bring down and fasten in the vagina and finding it impossible to introduce a catheter into the canal of the ureter so as to permit the urine to drain off, a ligature was passed to prevent any escape of urine into peritoneal cavity. The patient did well and six days later the ligated uterus and kidney were removed through incision in right lumbar region. Three weeks afterward the patient was discharged cured.

The *Medical Gazette* publishes the following letter, *verbatim et literatim*, which it received from the Dean of a western medical college. Is it any wonder medical education is in the condition in which the times find it?

COLLEGE OF PHYSICIANS AND SURGEONS, }
JOPLIN, Mo., 5, 28, 1882. }

Gents: Please send *price list* of *Doctors* and *Druggist Names* by states, as I want to mail *several thousand* Annual *Catalogues* to the *Profession* all over the U. S. A. and canady. I am starting an embriotic Pioneer-Medical College and I must, of necessity, noise it around the world to make it pay me. An early reply will greatly oblige,

Yours Respectfully, etc.,
J. C. PETIT, M. D.,
Dean.

The code of medical ethics adopted by the Medical Society of the State of New York at its annual meeting, in Albany, N. Y., Feb. 7, 1882, met with decided approval at the semi-annual meeting of the Clinton Co., N. Y., Medical Society on the 11th inst., by a majority vote of the members present.

The following diabolical joke is laid at the door of Dr. Oliver Wendell Holmes: A druggist in introducing his son asked the physician-poet if he did not see a resemblance between the offspring and his sire? "Well: yes," was the reply, "I think I can see some of your liniments in his face." At last reports the poet was doing as well as could be expected.

Book Notices.

THE PHYSICIAN HIMSELF, AND WHAT HE SHOULD ADD TO THE STRICTLY SCIENTIFIC. By D W. Cathell, M. D., late Professor of Pathology in the College of Physicians and Surgeons, of Baltimore, ex-President of the Medical and Surgical Society, of Maryland, etc.
Baltimore: Cushings & Bailey, 262 W. Baltimore st.

How true it is that it is not all that is necessary to success in practice to know how to diagnose, treat, and prognose disease, has been felt in the experience of probably the vast majority of physicians. It is, however, a very difficult, as well as delicate thing, to point out to a fellow blunderer his weak spots, and it is none the less difficult, though not so delicate, for one to indicate his own, even on honest introspection. When a man fails of success there is always a cause for it, hidden though such cause may be. It is, however, usually very apparent to every one outside of the person's self, and in the practice of medicine those engaged in it should fervently pray with Burns:

"Wad some power the giftie gie us
To see oursels as ithers see us."

It would save us from many of the drawbacks to otherwise well directed effort towards financial success.

In the book before us we have presented in readable form a number of rules, hints and suggestions, which, if committed to memory and held ready for the emergencies which are constantly arising, must be of invaluable service to every physician whose experience with men and the ways of men (embracing women and children), has not been sufficiently extensive to have taught him many of the essentials to success in practice. There are, doubtless, physicians who, from the moment of taking their diplomas to go out to practice, are qualified by an innate sense of the correct thing to do, at all times and under all circumstances, and who are, moreover, sufficiently excellent judges of human nature to avoid the tender spots in their clientele's moral as well as physical constitution. These, however, are the rare ones, and there are but few who on going out into practice, would not profit by making the little book before us the man of their counsel. We can commend it to all practitioners who are convinced that the physician should be something else than scientific. It is an excellent bundle of proverbs, which even those grown grey in the service cannot read without profit as well as pleasure.

Original Articles.

Cerebroscopy, or the Use of the Ophthalmoscope in the Detection of Certain Diseases.

BY HAL C. WYMAN, PROFESSOR OF PHYSIOLOGY AND HISTOLOGY, MICHIGAN COLLEGE OF MEDICINE, DETROIT.

M. Bouchut deserves credit for having been the first to seriously call the attention of the profession to the subject of cerebroscopy, which he defines as a method of diagnosing diseases of the brain, cord and meninges, by study of the lesions of the fundus oculi with the ophthalmoscope. The history of the subject is confined quite to the writings of one man, —the one above mentioned—who began his researches in 1862, in connection with the study of meningitis. In 1865 he published a volume entitled *Diagnostic des Malades du Systém par l'Ophthalmoscope*. In that work 220 distinct observations were described. Since then his opportunities have multiplied, and almost every land has recognized the fruits of his labors. Such is the modest statement he makes in *Paris Medicale*. Many have used the facts which he was careful to demonstrate, but few have given him credit for originating them.

The eye is so intimately associated, anatomically, with the brain, and is functionally so dependent upon the nervous system, that it is easy to understand the reciprocal relation between these organs. All that is needed is to discover the laws of this reciprocity, and the lesions of meninges of brain and of cord which correspond to certain functional lesions of sight, and certain changes in the fundus of the eye are demonstrated.

M. Bouchut says the eye, in structure is remarkably analogous to the brain. Certain anatomists, De Blainville for one, would have the sclerotic represent an expansion of the dura mater, the choroid an expansion of the pia mater and the retina an expansion of the cerebral or nerve substance. It is further believed that communication exists between the fluids of the sub-arachnoid space and the sub-retinal space around the papilla. This higher anatomy enable us to understand the propagation of disease from one organ to the other. The fundus of the eye is almost invariably diseased when the brain and spinal cord are diseased. It is constantly diseased when the brain and cord is the seat of material and extensive lesion; and is quite often an index when hysteria and certain other neuroses affect the cerebro-spinal system. With the help of the ophthalmoscope the practitioner must search the fundus of the eye for new and complementary signs of disorders of the nervous system—signs to be added to other symptoms of the disease for the pur-

pose of precision in diagnosis. In this way the practitioner does for cerebro-spinal diseases what his auscultation and percussion do for diseases of the heart and lungs, recognized physical phenomena and construes them with certain functional disturbances to make a positive and correct diagnosis.

M. Bouchut, in the face of the objections of those who do not believe in the doctrine that the fundus of the eye is an index of the condition of the brain, spinal cord or meninges, lays down the following laws as governing the conditions under discussion:

First. Mechanical obstruction to the circulation in the veins of the brain causes distention of the veins of the fundus oculi.

Second. Direct propagation of lesions of nervous tissue of brain to the nerve tubes of optic nerve and papilla.

Third. The reflex, vaso-motor functions of the spinal cord and the origin and distribution of the sympathetic nerve in their relations to the fundus of the eye.

Fourth. The diathetic influence of constitutional diseases, like syphilis, scrofula, albuminuria and diabetes.

First Law: *Neuritis and neuro retinitis the result of mechanical obstruction in the intracranial circulation.* When thrombi form in the sinuses of the dura mater and in the meningeal veins as a result of cachexias, there are, by children, convulsions, indications of speedy death. In such cases the retinal veins do not discharge their contents freely into the sinuses. The blood is retained and swells the veins which become tortuous and varicose, the serum transudes, a papillary œdema appears, or the veins may break under the pressure and hemorrhage occur. A similar state of affairs may be observed in traumatic, tubercular or cerebro-spinal meningitis or other conditions which cause stasis of the sinuses or effusion into the lateral ventricles as in acute hydrocephalus.

In chronic hydrocephalus, in extravasations of blood of traumatic origin, in abscess of the brain and in cases of large intra-cranial tumors, the choked appearance of the optic disc may be observed.

It is a law of pathological anatomy requiring no farther discussion, that when there is obstruction to the venous circulation there is a retention of blood in the more distant veins, œdema, and, if the obstruction continues, there is proliferation of connective tissue, at first slight, but subsequently sufficient to produce general sclerosis. Such is the case with the optic nerve and the retina when a disease of the brain or its meninges causes obstruction of the intra-ocular circulation. The optic nerve swells, is congested, becomes œdematous; the retina undergoes a similar change, proliferation of connective tissue commences and in time the tissue of optic nerve and retina confined by contracting connective tissue becomes sclerosed. M. Bouchut says that in his opinion it is the stasis of the optic disc due to stasis of cerebral circulation from any cause that is at the bottom of lesions of the disc.

Second law: *Optic neuritis resulting from irritation of cerebral substance.*—Here the mechanism of lesions of the optic nerve and retina is quite different from those which result from mechanical obstruction of the intra-cranial circulation. This neuritis is the result of central irritation and inflammation caused by tubercle, gumma or by encephalitis about an old point of hemorrhage, or by tumors or gumma of the meninges irritating the brain substance. Hyperemia of brain and the proliferation of connective tissue resulting therefrom may be sources of sufficient irritation to be propagated to the disc.

Third Law: *Neuritis the result of vaso-motor paralysis.*—There appear in the fundus of the eye lesions of circulation which are not due to mechanical obstruction of the retinal or cerebral blood vessels, or to propagation by continuity of an inflammation originating in the cerebral substance. These lesions are the result of a vaso-motor paralysis of the vessels of the optic nerve provoked by irritation of the spinal origin of the great sympathetic nerve. According to Claude Bernard irritation of the spinal cord opposite the orgin of the first and second dorsal nerves produces on the corresponding side of the face the same phenomena observed after section of the sympathetic nerve in the neck—increase of blood supply and of temperature. One can then easily understand how a diseased state of the spinal cord can induce changes in the condition of the retinal blood vessels upon the side corresponding to the seat of the disease in the cord. The changes incident to vaso-motor paralysis of the integument of face, take place in the retina. In chorea, paraplegias, resulting from diphtheria and ataxia, the fundus of the eye is diseased. In the commencement of loco-motor ataxia the optic disc is red and hyperæmic by vaso-motor paralysis and under the prolonged influence of this paralysis, trouble of nutrition, proliferation, results. Then the disc becomes pale and brilliant and vision is entirely lost by destruction of the optic tubules.

Fourth law: *Neuritis the result of diathesis.*—It is generally believed that when one is scrofulous or syphilitic, all the organs and tissues of the body are scrofulous or syphilitic. Such tissues have a peculiar mode of nutrition which characterizes the diathesis. If the lesions are not pronounced in all parts of the body in the fundus, they will be indistinct, but if the diathesis is active, acute, the disc, retina and choroid will present the changes peculiar to each constitutional affection.

In the scrofulous eye one finds atrophy of the choroidal pigment giving the appearance of white dots in the fundus. With this change is anæmia of retina, and sometimes tubercles may be seen in the choroid. In the syphilitic fundus is to be seen a violet red choroid inclined to black, the result of hyperæmia. The disc is red and swollen, and serous exudation may be seen along the veins. Pigmentary granulations are often observed. In the leucocythemic fundus the signs are very striking. Anæmia indicates its presence by a

pale yellow color and along the course of vessels are seen pale strips, the result of diapedesis of white blood corpuscles. In albuminuric and diabetic eyes the choroid is pale, the disc is œdematous with peripheral exudation and the retina covers white spots in the choroid which have resulted from hemorrhages due to granular degeneration of the veins.

Dr. Hickman, of Augusta, Ga., in a paper entitled "Changes in the Appearance of the Optic Nerve as an Aid to the Diagnosis of Cerebral Affections," (*North Carolina Medical Journal*, June, 1882), in speaking of tubercular meningitis, asks: "Have we then any means of detecting the affection in its earlier stages, and, if possible, thus saving the life of the child?" He then proceeds to describe the anatomy of the eye and brain, tracing the same relation as defined by Mr. Bouchut, and finally decides after quoting Schmidt, Schwalbe and Schweigger, that a careful ophthalmoscopic examination will show changes indicative of the approach of the more serious symptoms of tubercular meningitis. Dr. Chas. J. Lundy has in a paper read before one of the State sanitary conventions urged the importance of ophthalmoscopic examinations in a great number of affections. The writer has condensed the views of the distinguished Parisian teacher for the purpose of outlining, in a measure, some of the important work that remains to be done with the ophthalmoscope. Specialists in this country do not have the best opportunities for making studies of this kind. Many of the changes mentioned as indicating a diseased condition of the brain or spinal cord, may take place without any impairment of the vision, so that the skill of the oculist is not likely to be consulted. The general practitioner should familiarize himself with the ophthalmoscope, and study the fundus in all cases of suspected nervous disease.

Selections.

Recent Contributions to the Therapeutics of Malarial Diseases.—Until we get some exact information regarding the nature of that mysterious miasm—malaria—our therapeutical resources will be largely empirical. Guided partly by more exact notions derived from the study of its physiological actions, and partly by clinical experience in its use, we now employ quinia more accurately and efficiently than was possible a few years ago. Not to speak of such well-worn topics as the antipyretic action, and the administration of large doses, we will ask the attention of our readers to the subcutaneous injection of quinia, which although not a frequent mode of applying the remedy, is sometimes of immense utility, as in pernicious intermittent and remittent fever, and in obstinate cases of the ordinary forms. Exceeding difficulty has been encountered in the preparation of a suitable solution. Quinia, in an undissolved state, and in acid solutions, has caused great mischief. The hydrobromate, originally proposed by Gubler, possesses several distinct advantages: it is comparatively soluble in water, produces very little local irritation, and is effective. It is soluble in the proportion of 48 grains to ʒ iv, so that 20 minims contain 4 grains. A new compound salt of quinia and urea has been introduced recently. This proves to be more soluble than any other preparation, and is less irritating, no after-redness and swelling occurring. It seems to be soluble in the proportion of 50 per cent., that is, a saturated solution in water will contain one-half by weight of the salt. The quantity of urea—somewhat less than one-tenth—which is present in the compound salt is not objectionable. The name by which it is known is sufficiently complicated—*quinia bimuriatica carbamidata*. *Quiniæ et ureæ bimurias* expresses the composition, and might, therefore, be substituted for the more difficult and confusing original title.

Numerous remedies have been brought forward as substitutes for quinia, and, indeed, so closely are the chemists approximating to it in composition that an artificial quinia, produced by synthesis, may be expected in a short time. Resorcin, hydroquinone, pyrocatechin, and chinoline are recently products of the chemist's art. Of these, chinoline has excited the deepest interest, because itself, a derivative of quinia, approaches nearly to it in composition. The confident expectations at first entertained that in this we had a remedy of value nearly equal to quinia, are not supported by a larger clinical experience. It has proved very irritant to the stomach, is depressing and greatly inferior to quinia in antiperiodic power. All of this group—the dilhydroxol-benzol group—possess more or less of the antiseptic, antipyretic, and antiperiodic power, but they are far less effective than the cinchona alkaloids.

Carbolic acid possesses some valuable properties as a remedy in malarious diseases. The highly irritable stomach of acute malarial poisoning is usually quickly relieved by small and frequently repeated doses of carbolic acid. Fifteen years ago, Dr. Tessier, of the Mauritius, announced that intermittents are rapidly cured by the subcutaneous injection of three-quarters of a grain of carbolic acid, dissolved in twenty minims of water. This observation attracted but little attention; yet it is true, although there may be limitations. No exact observations, on which a rule of practice may be formulated, have yet been made; but the fact may be stated that simple intermittents, without lesions of the spleen and liver, are often cured by the subcutaneous injections of carbolic acid. These injections give but little pain at the moment of introduction of the needle, and this pain is followed by anæsthesia. To obtain sufficient curative results, they should be inserted about three times a day during the intervals between the paroxysms.

Recently the alkaloid *pilocarpine* has been used to abort the ague. If administered at the moment when the first chilliness, or other disturbance, indicates the onset of the paroxysm, the sweating stage is at once inaugurated, thus preventing the chill and fever. The quantity of the nitrate or muriate of pilocarpine necessary to effect this, will range from one-eighth to one-quarter of a grain, subcutaneously, for an adult. The vaso-motor and cardiac depression which succeeds to the preliminary stimulation must not be forgotten in an estimate of the probable results. Although by this practice an impending intermittent may be adorted, it does not follow that subsequent attacks will be prevented. In some instances, it appears, an intermittent has been arrested by a single administration of pilocarpine. Thus far there has been no published experience on the use of pilocarpine in pernicious malarial fever, in which, indeed, it promises a high degree of utility. *Apropos* of this formidable con-

dition, we should not fail to mention the very great utility of *amyl nitrite*, subcutaneously, in the algid stage of pernicious fever. From two to five minims may be injected, and repeated at intervals determined by the cessation of the effects. This practice serves a double purpose: the remedy substitutes warmth of the surface and depression, and gives time for obtaining the full effects of quinia.

Within a few years *iodine* has come to be regarded as a remedy for malarial diseases, of considerable value. As compared with quinia, it is relatively more efficient in chronic than in acute malarial poisoning. Compared with quinia, and the members of the benzol group above mentioned, iodine takes rank next after quinia. The tincture, the compound tincture, and the compound solution, are the preparations usually employed, and of these, the last mentioned is least objectionable. Iodine agrees with the other remedies used against malarious diseases in antiseptic power, but differs from them in having no antipyretic action. This fact casts a much-needed illumination on the nature of the causes producing malarial disease, indicating that the *materies morbi* is a ferment or a minute organism. The action of iodine on albuminous substances, serves to indicate the nature of the effect it has on germs and ferments. Although iodine solution, promptly administered, will cut short a considerable proportion of intermittents, it has not the antiperiodic power of quinia. It has an important place as a remedy for the complications of malarial fevers, for the enlarged spleen, the congested liver, and the pigment formation and deposit. It is good practice to utilize the effects of carbolic acid and of iodine in the treatment of these complications, and as aids to the curative action of quinia. For example a combination of the two in small quantity and frequently repeated (℞. Tinct. iodinii comp. ʒ ij; Acidi carbolici, ʒ j. M. S. One drop every hour or two) is an efficient means of checking the vomiting, which is often a most embarrassing complication of acute malarial poisoning. Whilst it thus prepares the way for the stomachal administration of quinia, it exerts no little antiperiodic power. If full doses of quinia are given to prevent the febrile paroxysms and in anticipation of them, iodine and carbolic acid can be administered in the intervals. Beside the internal use of iodine preparations, the local application of the officinal ointment of the red iodide of mercury is in a high degree efficient as a remedy for enlarged spleen and liver. This practice, derived from the physicians of India, should be carried out with attention to certain details enjoined by them. A piece of the ointment, the size of a pea, is thoroughly rubbed over the whole splenic or hepatic region, the part being exposed to the dir ct rays of the sun, or to the heat of a bright open fire. After one or more frictions with the ointment, the epidermis shrivels and is detached, leaving the true skin somewhat red and irritable. Applications must be suspended until the skin is in a condition to bear them. The number of applications required cannot be stated beforehand, but that they are effective in reducing the size of the enlarged spleen, and in diminishing the congestion of the liver, has been proved by an abundant clinical experience.

Within a few years past *eucalyptus* has been brought forward as a remedy for malarial diseases, and at one time quite an exaggerated estimate of its powers was current in the medical profession and in the community. It soon found its proper place as an adjunct to more efficient remedies, and as a tonic and restorative after malarial attacks had been arrested. Within these limits it is useful, but as the principal remedy it is far inferior to some of those mentioned above.—*Medical News.*

The Physics of Nerve Stretching.—Dr. J. Symington, in the *British Medical Journal*, after detailing a number of experiments, gives the following conclusions:

My experiments clearly show that the great sciatic nerve is able to withstand a considerable strain; but they also indicate the necessity for caution; more especially in the downward traction of the nerve. I have several times attempted to break this nerve in the dead subject, but have invariably failed, although the nerve was greatly stretched, and I sometimes heard suspicious crackling noises. The suggestion of Dr. John Cavafy, in the *Journal* (Dec. 17, 1881), that surgeons should come to some more definite idea of the amount of force employed, should certainly be acted upon. There are several points in connection with the operation of nerve stretching, which have not apparently been sufficiently considered. If a nerve, such as the great sciatic, having an almost direct origin from the spinal cord, be pulled downward, an anatomical examination will show at once that almost the entire strain is borne by the dura mater. If the vertebral canal be opened from behind, so as to expose the spinal dura mater, and at the same time the great sciatic be stretched, a slight downward movement of the lower part of the dura mater is at once visible. By careful examination, however, I find that it is not displaced more than an eighth of an inch. The dura mater possesses very little extensibility; and, further, the nerve roots piercing it nearly opposite the intervertebral foramina, the stretching of the great sciatic rather tends to displace the dura mater laterally. Even a cursory examination will at once show that this cannot occur to any appreciable extent. If the dura mater be opened in the lumbar region, and the roots examined, it will be evident that the slight displacement produced by the stretching of the dura mater can have no appreciable effect in increasing their tension, and thus enabling them to act directly upon the spinal cord. The dura mater thus serves as a very efficient protector of the delicate spinal nerve root; but, should it be torn, an extremely small force would suffice to detach them from the spinal cord. It therefore appears evident that stretching a nerve, such as the great sciatic, produces no direct mechanical action upon the spinal cord. Stretching a nerve less directly connected with the spinal cord, such as the median, is still less likely to affect directly the spinal cord; and, of course, there is no danger, in case of rupture, of its being detached from the cord. In the few experiments I have made upon this nerve, it always broke at the point where the force was applied.

The manner in which a beneficial effect is produced by the operation of nerve stretching is very obscure. In some cases of sciatica, it may be due to the breaking up of adhesions, etc., pressing injuriously upon the nerve. In cases of central lesions, it probably acts upon the same general plan as other counter-irritants.

There is abundant clinical evidence to show, as one would expect, that the operation of nerve stretching produces a powerful local action—not unfrequently being followed by temporary paralysis. Then, again, it produces a marked effect upon distant nerve centres, such as the respiratory and cardiac, as is shown in Langenbeck's cases. As a counter-irritant, it stimulates, not merely the nerve, but also its connecting trunk and branches.

In the operation, many surgeons attach special importance to the downward traction of the nerve —apparently believing that by this means, they produce some direct mechanical action upon the spinal cord. This appears to me as I have before stated, to be an erroneous idea; the nerve fibres, as far up as the dura mater, being put upon the stretch, but not the spinal nerve roots beyond.

Dr. John Cavafy, in the *British Medical Journal*, (Dec. 17, 1881, page 974), objects to the "nerve stretcher" of M. Gillette, partly on the ground "that the extension must affect the peripheral and central portions of the nerve itself" If my view be correct, that is rather an advantage than otherwise, as a longer tract of nerve fibres is thus assimilated. Furthermore, by stretching a loop of the nerve, the force is divided between the peripheral and central ends—so that there is less liability to rupture. Traction upon the peripheral end of the nerve can be employed with more safety than upon the central end, the former being the stronger; and the nervous stimulation would probably be as great, if not greater.—*Medical and Surgical Reporter*.

The Natural History of Dysmenorrhea.—A paper was read by Dr. John Williams on the above subject, of which the following is a summary:

1. Dysmenorrhea should be studied first under the least complex conditions—in single women. 2. In single women it is rarely acquired; it is almost invariably primary; *i. e.*, it appears with the menstrual function. 3. In a few but rare cases, it ceases spontaneously a few years after puberty. 4. Marriage, if sterile, aggravates the disorder in many cases; it is only very seldom that it relieves the pain. 5. Child-bearing cures a large number of cases, and it is not improbable that, were all puerperal complications excluded, it would cure every case. 6. The proportion of sterile to fertile women subjects of primary dysmenorrhea is one to twelve. 7. Menstruation begins in women who become sufferers from primary dysmenorrhea at about the estimated average age for the appearance of that function in London. 8. Menstruation is regular in about two-thirds of the cases, and irregular in about one-third. 9. The menstrual fluid is profuse in about two fifths of the cases, scanty in about one-half, and contains clots or shreds in about three-fourths. 10. The changes which take place in the fluid in the course of dysmenorrhea are various, and cannot at present be classified. 11. The uterus is imperfectly developed. It may be too short or too small in volume, or it may be defective in both respects. The cervix may be conical and the os small and round, but stricture of the canal in any part of its course is infinitely rare. 12. The changes in the uterus due to dysmenorrhea are slight hypertrophy, erosion and eversion of the mucous membrane of cervix, and catarrh. The cavity increases but little in length, for, after years of suffering, it measures rarely more than two and one half inches in length. In the early stages, the tissues of the uterus are in some cases soft; in more advanced hard. 13. The hypertrophy of the uterus is probably the result of periodically increased muscular action. 14. Ovaritis and perimetritis are possible consequences of dysmenorrhea. 15. The menstrual pain is the result of spasm of the uterus, excited by the separation and expulsion of shreds of decidua and clots in an organ whose sensitiveness in the performance of its function is enhanced by inappreciable conditions of tissue dependent on imperfect development, often associated with others, such as anemia.

Dr. Savage said that the broad ligaments were never unsymmetrical. The uterus was always the centre of it. Apparent elongation of one side was due to deficient uterine dovelopment on that side. Uterine casts never contained glands, but only circlets of cells surrounding the apertures of glands. Fragments of casts more or less minute always came away with menstrual fluid.

Dr. Robert Barnes agreed that imperfect development of the uterus was a factor in dysmenorrhea, though he thought Dr. Williams' estimate of the proportion was too high. The frequency with which pregnancy followed the treatment of dysmenorrhea showed that the uterus was fairly developed. He believed also that Dr. Williams had under-estimated the frequency of acquired dysmenorrhea in single women. From retroversion or other causes dysmenorrhea might be produced. The two most frequent causes of dysmenorrhea and sterility, in his opinion, were a narrow os externum uteri and flexion. Where one or both of these conditions were present, dysmenorrhea would commonly persist until they were remedied. He was pleased that Dr. Williams did not adopt the unphilosophical doctrine of spasmodic dysmenorrhea as a primary or essential condition. Enlargement of the uterus was due, not only to excessive muscular action, but to constant congestion of the organ from its impeded circulation. This produced a subacute endometritis, and the shedding of dysmenorrheal membranes. By the enlargement of a narrow os externum access was gained to the uterine cavity, so that the unhealthy mucous membrane could be directly treated.

Dr. Wynn Williams could not agree that displacements were not acquired in virgins. He had noticed that falls on the back commonly produced retroflexion; on the face, anteflexion. In his experience, the most frequent and persistent cause of dysmenorrhea was anteflexion, which could only be cured by permanently straightening the uterine canal; and this he believed could be done. He agreed with Dr. Barnes as to the importance of a small os externum. He thought the author had not laid sufficient stress on metritis and fundal endometritis as causes of dysmenorrhea.

Dr. Graily Hewitt had remarked the frequency with which general malnutrition, involving also the uterus, was observed with uterine symptoms. In these cases, during the early part of their course, the uterus was soft, incapable of maintaining its proper shape and position, and hence became flexed, prolapsed, or compressed upon itself. Probably some of the cases described by Dr. Williams as cases of imperfect development were of this latter kind. One of the symptoms that arose was dysmenorrhea, due to difficulty in the escape of secretions, owing to the altered shape of the organ. All cases of uterine distortion were not accompanied with dysmenorrhea; nor was dysmenorrhea always due to uterine distortion. The circulation of the uterus was often much interfered with, and the congestion might cause pain. He hardly ever failed to relieve dysmenorrhea by measures to keep the uterus in proper position and its canal straight; and this seemed to him conclusive as to the connection between the distortion or displacement and the dysmenorrhea. He thought, in opposition to Dr. Williams, that dysmenorrhea was often secondary.—*Am. Jour. of Obstetrics.*

A Physical Explanation of Diapedesis.—Dr. D. J. Hamilton had read before the Edinburgh Royal Society a paper on the circulation of the blood-corpuscles, illustrated by physical experiments. His views contribute greatly to the forma-

tion of a sufficient physical theory of the migration or diapedesis of the blood-cells from the vessels. It is known that the white cells are lighter than the plasma, while the red cells have nearly the same density. The white cells thus flow along the upper wall of the vessel, where they are subject to friction, and are carried slowly along by the slower peripheral current. The red cells move along the axis, exempt from contact with the walls and from friction, and are hurried on by swifter axial current. Alteration in the density of the plasma might modify or invert this relation, so essential to the circulation; mere hydræmia without any other disorder might thus lead to obstructive vascular disturbance of a serious kind. The so-called passive congestions and inflammations of albuminuric dropsy may have this cause; loss of albumen altering the general density of the plasma. Experiments were shown with a curved tube to illustrate how, when the blood current is slowed even to statis, the white cells gather at the periphery of the vessel. A light sphere in a low stream cannot pass the first bend but lingers at the upper surface. A sphere of the same density as the liquid passes on quite easily. With a quicker stream both spheres are carried on. Thus in a vessel, when as in inflammation the current slows, a filtering action is exerted by the tube upon the white cells, the the red cells being carried on. Another experiment was shown to illustrate the way in which the white cells thus gathered in the surface layer of the plasma are driven through the vessel wall. A tube was taken, in which a portion six inches long and embracing half the circumference had been replaced by a member with pin-point apertures. Pieces of thin gelatine half an inch square were introduced and circulated with the water in the tube. So long as the distal end of the tube was open, the water did not exude from the apertures, much less the pieces of gelatine. When the end was obstructed, the current slowed and the pressure raised, fine jets of water issued from the pin-holes, the pieces of gelatine gathered there, and were extruded in great numbers, though they were perhaps thirty to sixty times as large as the apertures. First appeared a bud-like process outside; this enlarged, and finally the whole mass pushed through, just as is a leucocyte in diapedesis. The author's conclusions are:

1. The leucocytes in inflammation are driven through the natural apertures in the vessel-wall by the diverted blood-pressure.

2. They are extruded in greater numbers than are the red cells, because in the slowing of the stream they have gathered at the periphery and are applied as it were over the apertures in the vessel wall: the red cells are still circulating freely in the axis of the vessel. If the circulation be *suddenly* stopped as by ligature of a vein, the red cells pass through the water in greater numbers than the white; there has been no time to form a peripheral layer of white cells.

3. The amœboid movements of the white cells may help in their extrusion, they are not the primary factor. Any soft pliable bodies would be similarly extruded. In lipæmia oil-globules pass through the vessel-walls when there is obstruction, and from abscess-like collections of oil outside and around the vessels.—*Proceedings R. S. Edin.—The Practitioner.*

A New Method of Treating Inveterate and Troublesome Displacements of the Uterus.—Operations for these troubles, says Dr. Alexander, are a last resort when all appliances have failed, or to obviate the disagreeable necessity of wearing a pessary. He speaks almost solely of those forms of displacement which are accompanied with prolapse. One of the chief agents concerned in such a displacement is the round ligament. The anatomy and function of this are very clearly and accurately described, the description following Quain. Since, in a condition of prolapse, this ligament, on either side, is stretched, replacing the uterus does not at once restore the normal tone of the ligamentous tissue, or, to copy the author's idea, there is a *slack* in the ligaments which prevents them from giving the proper *quantum* of support. He proposes to remedy this by an operation to "pull out the slack of the round ligaments." The idea is entirely novel, and we reproduce the author's description. "The operation is performed by cutting down upon each abdominal ring, gathering up the ends of the ligaments, freeing each from its nerve, and gradually releasing them, by patient and cautious traction, from the neighboring tissues, until the position of the uterus, as ascertained by the finger in the vagina, satisfies the operator. The ligament is then stitched to the tissues around the ring, and the loose ends attached to each other, or rolled around two pieces of wood which are fastened together in the middle line. The picking up of the ends of the is the difficult point, and the freeing of the ligaments from their surroundings is the delicate point, but, by experience, both can be performed easily and effectually. The ligament slides within its sheath, and the peritonæum is not disturbed. No risk of hernia or pelvic inflammation occurs. Beyond some pain for the first few days, the operation is harmless, if carefully performed, but experiments on the dead subject have shown me that danger may arise from incautious operators." Four cases are detailed in which this operation was performed. In the first, the patient being 38 years of age, the cervix presented external to the labia. The operation for narrowing the vagina was first done, and, though that operation was successful in accomplishing the end referred to, the tension upon the bladder and rectum was not relieved. Two months and ten days after the first operation that upon the round ligaments was performed. Two inches of the *slack* in each were pulled out and cut off, and the ends were stitched by catgut sutures to the boundaries of the wounds. The wounds healed kindly, and there was not much accompanying pain. The cure was satisfactory, the uterus being firmly held in the position to which it had been drawn at the time of the operation. Pregnancy is not probable after this operation. Should it occur, three consequences are possible: 1. The uterus might not be able to rise into the abdomen, and abortion would take place. 2. The ligaments might give sufficiently to allow the uterus to rise, and then retract after parturition. 3. They might fail to retract, and prolapse would recur. The author thinks the main object has been attained when cohabitation becomes possible, and that his operation is likely to secure this end.

In the second case the result was the same as in the first. Bronchitis induced by the ether inhaled at the time of the operation caused recovery to be slower than usual, more painful on account of the strain from coughing, and healing of the wound to take place by granulation. Where there is a tendency to bronchitis, chloroform anæsthesia is recommended during the operation.

In the third case the patient was cured without complications.

In the fourth, obstinate retroflexion was the cause for which the operation was done. Only one of the round ligaments was properly caught up, and the uterus was held in position by this, the retroflexion

being quite cured. In this last case, and in another not here described, there had been difficult and painful menstruation, which was relieved by the operation. Before operating upon the living subject the author recommends experiments upon the cadaver. —*N. Y. Med. Journal.*

Farinaceous Infant Foods.—Under the above title Dr. George B. Fowler publishes in *The American Journal of Obstetrics and Diseases of Women and Children*, vol. xv., No. 2, April, 1882, an inquiry into the chemical composition of the principal prepared foods for infants now found in the market. Dr. Fowler states that he was impelled to undertake the critical examination of some of these preparations on account of the importance of discovering as perfect a substitute as possible for mother's milk, because of the frequency with which we are compelled to employ these foods, and on account of the conflicting experience of the profession regarding their relative utility. He specially emphasizes the fact "that simple microscopic inspection, unaided by chemical means and physical processes, is wholly unreliable and inadequate in determining the composition and nutritive worth of these farinaceous compounds." Dr. Fowler begins the discussion of his subject by alluding to the relative nutritive values of the various grains employed in the preparation of the foods in question, with a view to forming an approximate estimate of the relative proportions in which each should be employed. This basis for a scientific discussion of the subject is founded upon the important physiological fact that, to fully subserve the purposes of natural nutrition, foods must contain albuminoids, hydro-carbons, and mineral matters in proper proportion. Since the proportion in human milk, the natural food for infants, between the albuminoid and non-albuminoid ingredients is as 1 to 2.95, it is just to assume that the same relations should obtain in the artificially prepared aliment. These data would seem to justify our belief that the most desirable substitute for human milk may eventually be synthetically compounded. No elementary food product, however easily digested whem employed alone, is sufficient for the maintenance of health or even of life. By proper processes it is, however, possible to vary the relative proportions of constituents in floor produced from any grain by the admixture of flour from other cereals. In this way a food sufficient for prolonged normal nutrition may be prepared. Dr. Fowler next formulates the leading facts relating to the structure of different cereal seeds, and states the chief microscopical features of gluten, starch, dextrine, and other ingredients of foods obtained from this source. The author then gives the results obtained by chemical and microscopical examinations of the various foods of the shops. Their names are mostly familiar. The chief ones are Horlick's Food; Imperial Granum; Ridge's Food; Nestle's Milk Food; Anglo-Swiss Milk Food. Dr. Fowler shows that the actual composition of many of these preparations does not at all correspond with the published statements concerning them. He does not, however, attempt to decide which of the foods is best adapted to the wants of infants, but leaves this question to be settled by practical experiments based upon chemical and microscopical examinations such as he has conducted.

Albuminate of Mercury Hypodermically.—Gourgues's formula ("Bull. Gén. de Thérap.," Jan. 30, 1882,) is as follows: 1 gramme of the corrosive chloride is dissolved in 20 grammes of distilled water. To this add the white of a 20-gramme egg diluted with distilled water to make 20 grammes; agitate the precipitate which is formed, and add chloride of sodium 2 grammes, dissolved in 60 grammes of distilled water; agitate the mixture and filter. Weigh the filtered liquid, and add to it enough distilled water to make a total of 130 grammes. Of this 1.30 gramme (containing .01 gramme of the mercury salt) is used for each injection. It is maintained that an albuminate prepared in this way is a much more reliable compound than the peptonate, which is very apt, if kept long, to undergo alteration, and involves the trouble, besides, of always obtaining peptone of a uniform quality. It is also claimed that the albuminate does not irritate the tissues, is not painful, and does not cause abscesses. The therapeutic effects in syphilis are described as remarkable. The injections were made only once in five days. From six to eight injections sufficed to cause manifestations of the secondary period to disappear. The mean quantity of the mercurial salt absorbed during treatment is stated as from 0.08 to 0.10 gramme.—*N Y. Med. Journal.*

Neuralgia.—Dr. Reginald G. Alexander, writing in the *Lancet*, makes the statement that it is now a well established fact that neuralgia is a disease arising from debility, and since it is very often mistaken for rheumatism, gout, spinal irritation, etc., he gives the following diagnostic points by which it can be differentiated:

1. Neuralgia occurs when general debility exists, is increased by fatigue, mental or bodily, but is relieved by food, and sometimes by stimulants.
2. The pain, which is sudden, darting and excruciating, exhibits remarkable intermissions, especially in the early stages of the complaint, and the constitutional disturbance is slight (temp., pulse, etc, frequently normal).
3. It is usually unilateral.
4. As the disease advances, tender spots are formed in the course of the affected nerves.

Realizing that debility plays so important a part in this disease, he says, as would be supposed, that the treatment must be directed in every case toward improving the general health. Pure air night and day, great cleanliness and sponging with sea salt and water. Hypodermic injections of morphia give immediate relief and are really curative, since by allaying pain they allow the tonic measures to be carried out.—*Medical and Surgical Reporter.*

Parasitic Cause of Anemia.—The anemia of the workmen in the St. Gothard tunnel is due, in a great degree to the presence of intestinal parasites, *anchylostoma duodenale*, and the parasite is identical with the one, Bilhargia, which causes such intense forms of pernicious anemia in Egypt. Griesinger found that oil of turpentine and calomel were necessary to cause the expulsion of the parasite, before a course of iron was available to overcome the anemia. Anchylostoma duodenale is a round worm, having the power to pierce the intestinal wall. It infests chiefly the lower part of the duodenum and jejunum. It would be well to be on the outlook for this parasite, as many cases of anemia caused by it are mistaken for malarial anemia. It is possible it may be so in the south.—*North Carolina Medical Journal.*

Formulary.

The following collection of formulæ is taken from the *Peoria Medical Monthly*:

DYSPEPSIA.

℞ Diastase.....10 grains.
Pepsin.....50 grains.
Ex. of gentian.....50 grains.
Tartaric acid.....50 grains.
Powdered rhubarb.....50 grains.
Gentian..... q. s.

M. Divide into three grain pills. Dose, two or three pills during meals or before.—*Druggists' Circular.*

CONSTIPATION.

℞ Quinine, sulph.
Piperinæ.....ää 15 grains.
Hydrarg. submur.....12 grains.
Ex. nucis vom..... 4 grains.

M. Ft. pil. no. xxx. Sig. One pill morning and evening.—*N. O. Med. Jour.*

RING WORM.

℞ Adipis.....6 drachms.
Glycerinæ.....2 drachms.
Sodii carbonat.....1 drachm.
Calcis pulv.....½ drachm.
Carbonis (lig.) pulv.....1½ ounces.

M. Sig. Before applying this salve remove scabs by using starch poultices. Treatment should be kept up two or three months in cases of tinea tonsurans.—*N. O. Med. Jour.*

QUINIDIA FOR INTERMITTENTS.

℞ Quinidiæ sulph.....30 grains.
Oleo-res. capsici..... 3 grains.
Morphiæ sulph..... 1 grain.
Syrupi..... q. s.

M. Ft. pil. no. x. Sig. One every three hours.—*Med. and Surg. Reporter.*

DYSMENORRHŒA.

Dr. L. L. Leeds, of Lincoln, Ill., writes us that he has found the tincture of pulsatilla, given in half-drachm doses thrice daily during the interval, to be a most excellent remedy in this affection.

CHRONIC BRONCHITIS.

℞ Ammon carb.....1 ounce
Spts. etheris nit
Syr. scillæ,.....ää. ½ ounce
Tr. camph. co.....3 drachms
Infus. senegæ ad..... ..8 ounces

M. Sig. Tablespoonful every four hours. This is especially valuable in the chronic bronchitis in old persons.—*Canada Lancet.*

PEPSIN IN DIPHTHERIA.

℞ Jensen's pepsin.....1 drachm.
Acid hydrochlor c. p.....20 drops.
Aquæ.....q. s. 1 ounce.

M. Sig. Apply copiously every hour with a throat mop. Dr. Rosenthal reports that this solution acts like a charm, dissolving the membranes and placing them soon on the road to convalescence.—*Med. Bulletin.*

MEMBRANOUS DYSMENORRHŒA.

℞ Pulv. guaiaci res
Terebinth. canadensis.....,.ää 1 ounce
Ol. sassafras.....2 drachms.
Alcoholis .....8 ounces.

Nix. Macerate for seven days and strain. Then add

Hydrarg. chlor. corros.....1 scruple.

Sig. Take 20 drops in wine or sweetened water night and morning.—*Va. Medical Monthly.*

CHORDEE.

℞ Chloral hydrat..... ..... ½ drachm
Camphoræ.....12 grains.
Morph. acetatis..... 2 grains.
Ol. theobroma..... q. s.

M. Ft. suppos. no. 6 (15 grains each). Sig. One every hour in rectum until relieved.—*Med. and Surg. Reporter.*

CYSTITIS.

℞ Bals. copaibæ.....4 drachms.
Acid benzoici. .....4 scruples.
Gum arabici.....2 drachms.
Sacch.....2 drachms.
Ol. gaultheriæ.....20 drops.
Aq. camph. q. s. ad.....8 ounces.

M. Sig. Teaspoonful every two hours.—*Medical Gazette.*

DRY ASTHMA.

℞ Salicylic acid.....4 drachms.
Spts. nitre.....2 ounces.
Water.....10 ounces.

M. Sig. A tablespoonful every two hours until relieved.—*Med. Brief.*

EXTERNAL HEMORRHOIDS.

Dr. Blaschke, of Berlin, recommends compresses soaked in a one per cent. solution of ergotin, to be applied hourly.

Dr. Pasqua, of Florence, gives the following ointment as infallible:

℞ Ext, belladonnæ.....5 grains.
Iodoformi.
Plumbi acetas.....ää. 1 grain.
Ung. petrolei.....1 drachm.

M. Make into an ointment to be applied three or four times a day.—*Drug. Circular.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, AUGUST 10, 1882. No. 15

Editorial.

The Jewel Consistency.

The following is a quotation from Prof. Frothingham's published "Statement of the relations of Dr. D. A. Joy to M. V. Wagner in the manufacture and sale of Electric Devices," made to the Board of Regents of the University of Michigan, Tuesday, May 2d, 1882. "To illustrate the views the profession take of the matter, I submit an article from the MICHIGAN MEDICAL NEWS, entitled 'Is it Quackery in High Places?' marked Exhibit No. 22. This was endorsed by two other journals that came to the notice of the undersigned. The profession and our alumni generally took the same view."

It does seem to us almost incredible that Professor Frothingham should make such an admission in the face of previous declarations and abuse of the NEWS, because of this very article. His confreres first sought to break the force of this very article by an attempt at a justification of their conduct in the matter, but failing in this Prof. F. himself and others of his colleagues and co-signers opened on us the vials of their wrath. Can it be that Prof. F. has really experienced a change of heart, his head having long previously convinced him that our position on the question was the correct one; or has he been forced by the sentiment, of which he thus acknowledges that we struck the key-note, to do us the justice of thus practically retracting his charges of envy, jealousy, spite, and the sundry other attributes of the unregenerate heart, of which he, in his terse and ornate English, accused us? Or did he find it necessary to thus make this acknowledgment to the Board of Regents in order to more effectually carry out his plan of making a scape-goat of Prof. Joy? Whatever the motive which has thus induced him to practically acknowledge that his former characterization of the article he now refers to as echoing the voice of "the profession and our alumni generally" was unwarrantable, we congratulate him on his return to cool, sober, common sense.

A False Prophecy.

We, in our last, made a slight attempt at forecasting the future, but have now, with fallen crest, to publish the fact that scarcely had the ink in which the prophecy was printed become dry, before it appeared that as a prophet we are a failure. We predicted, it may be remembered, that neither would Prof. Joy be removed from the University, nor would Prof. Frothingham and Prof. Maclean, who conditioned their remaining in the University on Prof. Joy's removal, leave that institution. Our prophecy was based on the standard rule of history's repeating itself, but it seems that we failed in not taking into sufficient account the disturbing factor, to-wit: the peculiarity of the minds of Regents.

The Regents of the University of Michigan met, as announced, on the 28th ult. In June they in conclave assembled, declared in effect that whatever of blame was charged to Prof. Joy in the matter of the Joy Electric Devices and its sundry attachments, did not properly belong there in a sufficiently concentrated degree to warrant his dismissal from his chair. At the subsequent meeting, however, it appears that they thought differently; or, at least we shall be charitable enough to suppose that they did, for we would not for a moment insinuate that the resignations of Professors Frothingham and Maclean, gentlemen whom they (the Regents) declared the University could not spare, had aught to do in causing them to stultify their action at the June meeting. As a result of their latest change of mind they give Prof. Joy the alternative of resigning his chair on August 10th, failing to do which the chair is to be knocked from under him. In the published report of the meeting we fail to find any additional evidence on which the new decision is based. It is barely possible, although we doubt it, that something may have appeared in the executive session, the proceedings of which are not made public. If there was any new evidence it would seem but just to the profession and public, not less than to the Regents themselves, that it be made public.

We have received no intimation as to the course Prof. Joy will take in the matter, that is whether he will vacate or wait to be formally put out. It remains to be seen whether the profession have sufficient interest in this matter to formally investigate it with a view to deciding upon its merits. It seems to us that one of the reasons for their course, alleged by the Regents, viz.: that "the University cannot spare Profs. Frothingham and Maclean," is a very insufficient one. There are few who will dispute the ability of these gentlemen and their fitness for the positions which they occupy, but unless they are absolutely indispensable, they are not of sufficient importance to justify an act of injustice, in order that they may be retained. We trust, however, that the University, in any of its departments, has not yet become dependent for its perpetuity on any one or two individuals.

[Since the above was put in type, Prof. Joy has addressed a communication to the Honorable the Board of Regents, in which he respectfully declines to resign, preferring to place on Profs. Frothingham, Maclean, Palmer *et al* and the Regents, the onus of putting him out. The letter appears elsewhere in our present issue.]

The Prevention of Prostitution.

The superintendent of police of this city has recently been making strenuous efforts to rid us of the prostitutes who ply their vocation in our midst. The manner in which he has gone about his work of extermination evinces an energy which, it is to be feared, is not supported by a careful study of this great question in all its bearings. It ignores the great fact that the sexual instinct is the strongest in nature, and that to suppress it presupposes an unsexing of the individual. While this instinct occupies its place among human passions it will find means for its gratification. While men are men the means of the gratification of this passion will be sought, and if circumstances prevent its legitimate gratification, the illegitimate will be sure to be found. History teaches no clearer lesson than this, and for an officer of the law to attempt to rid society of this illegitimate means, when it is beyond his power to supply the legitimate (to unite every man in wedlock), is the sheerest kind of folly, and all his attempts are stamped with failure from the beginning.

It is an inexplicable fact in nature that often but thin partitions do the bounds divide of the highest and the lowest of its productions. The sexual passion furnishes an apt illustration of the fact. It is the foundation on which is built the nation, and, indeed lacking it, the race itself would become extinct. But while it ministers to the highest joy it is often the cause of the most poignant torment; while round it clusters some of the holiest and tenderest emotions, it often causes men to be brutes. Without it domestic relations would never have been developed, and failing here the complexity of society in all its variegated blessings would have been unknown. It is a misfortune—at least we must so regard it—that this holy instinct is so closely associated with brutal passion; but to attempt to compel its non-abuse is to court defeat.

It may, moreover, be questioned whether it would conduce to the interests of society were the means of the illegitimate gratification of the instinct suppressed. The position that prostitution affords a safety valve in the absence of which graver evils would afflict society, is sustained by facts which may be gleaned from communities in which prostitution does not exist.

It is by no means claimed that there are no evils associated with prostitution. It is itself a gross evil, but its existence prevents an evil more to be feared. Some cities have sought to prevent the graver physical evils which are too often associated with it, by granting it license and by seeking to place it under judicious supervision. Much may be said in favor of this method of treating it, notwithstanding the fact that it may offend certain feelings to thus legalize it. We are not, as a citizen, committed to the wisdom of thus treating it, although as a physician and hygienist we cannot close our eyes to the benefits which must accrue from having it thus under supervision and control. But *in medio tutissimus ibis*, and it is possible for a community, without committing itself to a legalization of prostitution, to keep it within limits which would deprive it of some at least of its evils. It is a chronic sore on the body politic, the outward manifestation of a constitutional disease, and to thoroughly repress it would endanger vital parts. The part of wisdom and the aim of legislation should be to control it rather than to attempt to cure it. The passion on which it thrives is ineradicable, and to prevent its manifestation at one point is but to cause a more serious outbreak at another.

Cholera Infantum.

The season for the occurrence of cholera morbus being again at hand it may be profitable to consider briefly the nature and treatment of the affection. This we have done repeatedly since the establishment of the NEWS, and we have been gratified at the receipt of acknowledgment of the fact that the prominence which we have assigned the nervous element in the disease, has been instrumental in correcting, to some extent at least, the routinism which is wont to prevail in its treatment. Doubtless much mischief has resulted from the sole attention which has been directed to the abdominal symptoms in cholera infantum, and the comparatively secondary importance of the vomiting and diarrhœa *per se* cannot be too strenuously insisted on.

Instead of repeating what we have heretofore had to say on this subject we take pleasure in giving to our readers the following admirable resumé of the subject, as it is given in the *Medical News*, of Philadelphia. Our readers cannot too closely study this statement as here given, for we are convinced that it contains a more successful plan of treating cholera infantum than usually obtains:

Certain points in its pathogenetic development require statement as a motive for the proposed therapy. The influence of diet, especially the ill-effect of a diet largely composed of starch, is too well known to require further expression. But behind and beyond the personal hygiene of the child, there is an important factor which has been entitled "civic malaria"—the sum of those causes of pollution arising out of the evil hygiene of towns and cities.

The mechanism of those forces by which cholera infantum is produced is probably as follows: The bad air (germs?) depresses the function of the splanchnics, the inhibiting nerves of the intestinal canal, as the pneumogastrics are for the heart. Prevost demonstrated that ablation of the spheno-palatine ganglion caused a profuse outpouring of serous fluid from the Schneiderian mucous membrane. The depression of the splanchnics probably has a similar effect on the vessels of the intestinal mucous membrane. This disturbance must necessarily be aided by the fermentation of the starchy aliment, taken in excess. High febrile heat and an algid condition will follow the former at the onset of the disease, the latter after persistent outpouring of fluid from the intestinal mucous membrane. The obvious indications are:

To check fermentation, and to destroy the minute organisms or germs on which every fermentation must depend for its development;

To allay irritation of the end organs of the splanchnics in the mucous membrane;

To arrest the outward osmosis from the vessels;

To lower the febrile temperature, and to remove the algid condition.

These indications must be grouped to be dealt with effectually. The three first given must be considered together as objects to be accomplished simultaneously. To stop fermentation by destroying the organisms necessary to the process, involves under these circumstances the use of remedies to restore the functions of the splanchnics. A most useful agent to check the nausea and vomiting is carbolic acid, which may be given in an emulsion with bismuth and a little glycerine. Remarkably good results are obtained from the use of potassium bromide in many cases, if given early enough. Nitric acid, well diluted in small doses, frequently repeated, is an efficient remedy in other cases. In still others, pure Cognac brandy renders an incontestable service. Calomel in minute quantity—from 1-20 to 1-10 grain—has a place in the treatment of nearly all cases. Are there any definite indications for the employment of these remedies? We believe there are. Carbolic acid alone, or mixed with bismuth, is the appropriate remedy when there is a high degree of irritability, food being rejected as soon as swallowed, or in those cases characterized by the rapid fermentation of the foods in the stomach, resulting in the production of acid. Bromide of potassium is particularly indicated when, with high irritability of the stomach, there are restlessness, wakefulness, twitchings of the muscles and fever. Whilst the bromide does not materially modify the morbid condition of the stomachal and intestinal mucous membrane, it does allay the irritation of the splanchnics and of the nervous system generally. Nitric acid is remarkably useful when the stools are acid, watery, and without any undigested aliment. It stops the fermentation which produces the acid, and it stimulates the flow of bile. It does more; it solicits the osmosis of the alkaline constituents of the blood into the intestine, and thus restores the proper alkalinity of the intestinal juices. Those who find it difficult to comprehend such an action will be enlightened by a study of the laws of diffusion or osmosis.

Brandy to be useful must be administered freely. It is not as a stimulant merely that it is to be given in this malady. Alcohol is a powerful antiseptic; by its oxidation, force is evolved; and brandy contains astringent matters. It is indicated when the depression is pronounced, when the derangement in the digestion and assimilation of food is due less to the deficiency in the juices, than to the depression in the function of the splanchnics. Brandy, of course, increases in importance as a remedy with the approach of the algid condition,

The *rôle* of calomel as a remedy has been warmly discussed. Correct notions as to its action, and its proper place as a remedy, are gradually crystallizing out of the mother-waters of experiment and clinical observation. Formerly, the central idea of its administration was "to alter the secretions," this phrase including the biliary and intestinal. Without occupying space in discussing controverted questions, when we have room for merely a dogmatic statement, we will give an expression to the best-founded opinion. Calomel in small doses acts as a sedative to the gastro-intestinal mucous membrane, allays vomiting, and checks fermentation. Although the modern view is against the action of calomel on the biliary secretion, it seems to be well established that it does act on the intestinal glandular apparatus, and increases the elimination through them of the products of waste. Judiciously used then, in the small doses above mentioned, there are few cases of cholera infantum in which calomel may not be beneficial.

We have yet to discuss the treatment of the febrile state, and of its corollary, the algid. The condition of the gastro-intestinal mucous membrane precludes the administration of the ordinary antipyretic remedies. In many cases the range of febrile heat is great, the maxima of the thermal range encroaching on the danger line. Indeed, in cholera infantum, it is probable we have to deal with a specific fever. Besides acting on the causes of the febrile heat it becomes necessary to restrain the body temperature within proper limits. The development of hydrotherapy by our German *confrères* has led to a most useful application of the practice to cholera infantum. With the thermometer as a guide, the child should be immersed in water at 95° Fahr., and the bath then cooled to 75°, 70°, or 65°, according to the temperature of the body and the influence of the bath—cooled by the addition of sufficient cold water or of ice. Such is the general idea; our space is not sufficient for details. The time for the repetition of the bath cannot be arbitrarily stated, but it must be determined by the effect produced on the temperature. The influence of the bath is most conspicuous for good. Its value as a remedy for this condition can hardly, indeed, be overestimated.

The algid stage of cholera infantum offers the same difficulty in its management that the corresponding condition in cholera does. As regards the exhibition of alcoholic stimulants, it should be borne in mind that small doses frequently repeated will support the failing circulation, when large doses will have the opposite effect. Belladonna, or its alkaloid, atropia, is a powerful stimulant to the heart, which has been used with advantage in the algid condition. Nitro-glycerine will probably prove useful in the same condition by dilating the peripheral vessels, and thus permitting the heart to work under lessened pressure.

Publishers' Notes.

The publisher of the NEWS regrets that a misunderstanding has occurred regarding an envelope in which were recently enclosed statements of account to subscribers. These envelopes had been printed at the NEWS office of publication for another party, but being in excess of the number required they were utilized in sending out the statements as above by erasing the original name with a heavy black stamp and printing the name of the NEWS underneath. This black mark has led some to believe that it was an indication that they have been "blacklisted." Of course there was no such intent and it is hoped that this explanation will prove satisfactory.

The delay in this issue of the NEWS has been unavoidable, the recent heavy rains having so riled streams that the mills have been unable to supply the grade of paper used, of a sufficient degree of whiteness. The order for a fresh stock was sent in in good season but the vicissitudes of the weather interposed.

The remittances for the NEWS have been so satisfactory since our last issue that we have deferred enclosing notices in the hope that none may be necessary.

Miscellany.

PASTEUR AND HIS GERM THEORY.—*Boston Journal:* M. Pasteur's laboratory, in which he remains about sixteen hours out of every twenty-four, is in the Rue d'Ulm. He is at present suffering from ill-health; in fact, as he said to a gentleman who called upon him the other morning, "I may say that one half of my body is paralyzed. I ruined my health in trying to attain my aim in giving back life and activity to the silk industry, which is one of the glories of our country and one of the chief sources of its commercial importance. For the last six years I have spent a great part of my time in experiments with regard to silks, and I have felt my health ebbing slowly away. Some fifteen years ago, when it was first made public that I had the idea of making observations on the liquids extracted from the chrysalis, and discerning by these means the good from the bad grain of silk worms, everybody shrugged his shoulders. What a dream it is, they said, to put microscopes, scientific and delicate instruments, into the hands of peasants on a farm! It is not practicable. But the experiments silenced all these criticisms and objections. The microscope has now become a common instrument in the silk industry, and is handled with especial aptitude by the women operatives. As I have already said, in the preface of my book on silk worms, the role of the infinitely little appears to me infinitely great, both as causing divers contagious maladies and as contributing to the decomposition and return into the atmosphere of that which has existed.

"It is by means of this system that I found out the causes of the maladies of wines and beers, the real theory of the formation of vinegar, and as a consequence of this I have known the means of preserving with absolute certainty organic matters, and transporting them without any risk of decomposition. Before my time the production of these 'infinitely little,' variously called bacteria, microbes, etc., was little understood. The part which they play in the economy of nature was unknown and was carried to the account of spontaneous generation. Nevertheless, this production is the cause, if not of all, certainly of a great number of contagious diseases. These beings, invisible to the naked eye, constitute a virus which is extremely dangerous. It even causes death, as the great malady of *charbon* has proved. I have discovered that it is possible to render these microscopic beings inoffensive. I have also found that virus reduced may become an actual preservative, a veritable vaccine, to be opposed to the development of virus which is in its nature mortal. It was in this way that I came to invent the vaccination with charbon of domesticated animals. I hope," he added, as if the labor to accomplish were almost too great to contemplate with calmness, "I hope at least to find a means of vaccination for preventing the yellow fever, plague, hydrophobia, etc."

The visitor descended into the basement in company with M. Pasteur, with certain uncomfortable sensations in the calves of his legs, fearing a possible encounter with some of the inoculated dogs; and he found himself in a vast cellar into which air and light were poured through great tunnels. Immense cages were ranged round the sides of this subterranean apartment, and in each of these cages was a dog. Over each cage was a placard indicating the day of the inoculation of the animal. "Up to this time," said M. Pasteur, "I have been able to discover but little; still, I consider it a first step. Before I began my experiments it was believed that hydrophobia could be communicated only by the saliva, and people were frequently astonished at seeing dogs that had been bitten by mad dogs remain, sometimes all their lives, without manifesting any symptoms of the dreadful malady. I have discovered the virus of hydrophobia in the brain of the dog, in the spinal marrow and in the whole of the nervous system generally. One drop of this virus, preserved from contact with the microbes of the atmosphere and introduced into the brain of a healthy dog, invariably gives him hydrophobia, and he dies of it within fifteen days.

"Look," said M. Pasteur, "here is an animal inoculated with the virus about ten days ago. Just put your foot up to his cage." The visitor did so, but with fear and trembling. "You see he licks your foot with every manfestation of affection. In two days he will be dead. He is now in that period of affectionate manifestation which generally precedes by two or three days the period of violence, in which he will bite anything that comes near him. Here is another one. Just give a kick at his cage. See how he springs at you! He will die to-morrow.

"There are cases on record of men who have not died after being bitten by mad dogs. That was because the saliva had been subjected to the influence of the atmosphere, and that a kind of struggle was going on between the microbes of the virus and the microbes of the circumambient air. These latter appear sometimes to neutralize or modify the effect of the virus; but with the virus in the pure state, as I extract it from the brain of one of my dogs here, death in a fixed period is certain, and up to this time we have found no remedy for this pitiless affliction.

"Now I hope, if my life is spared, that after many comparisons and experiments I shall finally get a remedy; but before getting to the end of my researches I must exactly establish the organic constitution of the microbes of this virus, for these invisible beings differ from each other as a man differs from a horse, and a horse from an elephant. They are also subject to divers influences, and that which diminishes the power of some augments the capacity of others. This accounts for the manner in which I treated the charbon which was slaying thousands of sheep every day before the invention of my vaccine matter, which is nothing less than the virus itself reduced. By exposing the virus to an atmosphere of forty degrees during a certain time, the microbes become so feeble that when they were in

the body of an animal they only communicated the very slightest charbon, and thus forever guaranteed the animals against the epidemic.

"The vaccine matter which I have obtained against charbon presents an entirely different guarantee from that of Dr. Jenner against the small-pox. This latter vaccine matter is taken from the heifer—that is to say, it is an animal disease which man is inoculated with. Now suppose the cow-pox should suddenly disappear; how would you preserve men from small-pox? This supposition was what caused my great dispute with Dr. Jules Guerin, who, in the very midst of a session of the Academy, challenged me to a duel because I said to him that he did not know what he was talking about.

"Here," continuted M. Pasteur, "you may see cocks, hens, guinea pigs, hares, mice and monkeys, to whom I have communicated all the grave maladies which might prove epidemic, so that I may study these diseases in two or three phases, and find antidotes, or at least derivatives, to use against them. In this little cabinet near by you will see about a thousand small vials. They contain all the germs or the virus of terrible maladies. Here (said the great man with a smile) is enough to slay all Paris, and to bring into being the most murderous epidemics. I have to keep up a regular Turkish bath temperature here, to preserve all these germs in good condition." The visitor peeped into the cabinet with his handkerchief carefully pressed to his nose, but the odor was so strong that he was not sorry to get out of the door into the green little garden close to the laboratory.

Diagnosis Wanted.—Dr. F. A. Weaver, of Chester, Mich., writes: Case. Mrs. P., æt. 29 years, has been married 10 years. Gave birth to three children, all at full term, the youngest of which is now five years of age; never has had a miscarriage; menstruation always regular at about 23 days. She is of a nervous temperament, and, though slight in figure, has until recently done her own housework, and being a farmer's wife, her work was not limited. She is seized irregularly with spells of blindness which is incomplete. She says upon looking directly at an object she can plainly see it, but is unable to discern anything which is in the immediate vicinity of that object. Thus, upon looking at a picture hanging against the wall, she could plainly see the picture but not the frame around it. The above spells will last from 15 minutes to one hour, when, at the moment sight begins to return she will be seized with headache, which seems to grow in intensity until the sight again seems natural. The headache will continue. when she becomes nauseated and vomits freely, her head will feel better, and at times will suddenly stop aching. After vomiting she gets very weak, the muscles of the face, neck, limbs and trunk become rigid, and there are clonic spasms. The surface becomes cold and perspires slightly. The administration of alcoholic stimulants or the application of warmth intensifies the above phenomena, cold applied seems to relieve them. When the symptoms above described begin to subside. Her temperature during the attack rises as high as 102° F. Respiration is shallow, must be constantly fanned, and, at times, if allowed to sleep more than five minutes, all efforts at breathing cease, and the attendants will have to arouse her.

The above is as nearly as I can describe the case. The lady's mother tells me that when a child she was troubled just about as she is now, and that as soon as she arrived at the age of womanhood the spells did not again make their appearance until after she was married, whereupon they again returned, and have been present ever since, excepting that she passed about three years of married life without any symptoms of the trouble. I might add that her digestive organs are weak, and bowels have a tendency to become constipated, which always seems to increase the trouble. The treatment at present consists in tonics and bromides, with cascara sagrada as a laxative.

I have relieved the trouble in several instances, but it again returns. The history of the case, age and character of symptoms convinces me it is not a case of hysteria. What is it?

Death not Universal.—*Journal of Science:* Whatever lives, we hear it said, whether plant or animal, must sooner or later die. It will, therefore, greatly shock many persons to learn that this is not strictly the case. We wish here to give room for no misunderstanding, and, if possible, for no intentional misinterpretation. All animals *may* die, but death is not in all departments of animal kingdom an inherent absolute necessity. On the contrary, in one of the two primary divisions of the animal world, the Protozoa, it is, though common enough, merely casual, the result of some accident. A Protozoon may be swallowed up by some larger animal; it may be crushed out of existence, burnt, or poisoned by "disinfectants" introduced into the water or other fluid which it inhabits. But it has no natural term of life, and, as we shall presently see, canot be spoken of as young or old.

That this may be understood we must briefly compare the life history, and especially the reproduction of the *Metazoa* and the *Protozoa*. In the former group—which includes all the backboned animals from man down to the humblest fish, all the insects, mollusks, as well as lower forms of life which scarcely attract popular notice—there is always a distinct difference between parent and offspring. The latter is certainly a portion separated from the body of the parent—from the female in all those forms in which there exist two sexes—but it is, as compared with the parent, minute in size, rudimentary in structure, and it has to increase in bulk, and still more to undergo a process of development, a series of transformations, before it reaches the normal stature and make of its species. When this point has been attained it enters upon the task

of reproduction, and gives birth to one brood of young ones, or in the higher forms to several. With these it coexists for a longer or shorter time, and then dies, the matter which constituted its body passing into decomposition. If we look at these very familiar facts in the life of a Metazoon, be it a man or an oyster, we find that the ideas of birth, of growth, of maturity, of parenthood, of a natural term of life ending in death, at once suggest themselves. If we examine such a Metazoon we can in most cases, at once decide whether it is in the immature or the adult phase of its being.

But in the *Protozoa*—as Herr Bütschli has not long ago pointed out in the *Zoologischer Anzeiger*—this is distinctly different.

Let us suppose we are watching through a microscope one of these minute single cell creatures. We see it expanding into an ellipsoidal figure, which becomes for a time longer and longer. It then begins to contract about what we may, for the sake of popular intelligibility, call its equator. It assumes the form of two nearly globular bodies, connected, dumb bell like, by a narrow neck. This neck becomes narrower and narrower, and at last the two globes are set free, and appear as two individuals in place of one! What are the relations of these two new beings to the antecedent from and to each other? We examine them with care; they are equal in size, alike in complexity, or rather simplicity, of structure. We cannot say that either of them is more mature or more rudimentary than the other. We can find in their separation from each other no analogy to the separation of the young animal or the egg from its mother, or to the liberation of a seed from a plant. Neither of them is parent, and neither offspring. Neither of them is older or younger than the other.

Or shall we try to regard them as brothers sprung from the same parent? If so, where is that parent? If living, let it be shown; if dead, where are its remains? No organic—or indeed any other—matter was separated out when the two new beings took their rise. All the substance of the body of the original Protozoon is included, and equally included, in the bodies of the two individuals before us. Thus we see that the essential ideas of the life of the higher animals—birth, growth, maturity, parentage, brotherhood, term of life, and successive generations—have, if applied to these humble and minute beings, simply no meaning.

The process of reproduction, or rather of multiplication, must, as far as we can see, be repeated in the same manner for ever. Accidents excepted, they are immortal; and frequent as such accidents must be, the individuals whom they strike might, or rather would, have gone on living and splitting themselves up forever. It is strange when examining certain infusoria under the microscope, to consider that these frail and tiny beings were living, not potentially in their ancestors, but really in their own persons, perhaps in the Laurentian epoch!

This consideration opens up another question. These beings are not wholly unconscious. They experience and retain impressions, however dimly and in however limited a sphere. But when the splitting up of one individual into two distinct personalities takes place, as we have described above, we have then the curious phenomena of two distinct and equal beings whose past life is one, who will remember the same incidents and the same reactions to which such incidents have given rise. Here again is a phenomenon which we cannot realize—two contemporary and coequal beings possessing, up to a certain point at least, a common psychical life. Let us for a moment suppose that the propagation of the higher animals took place in a similar manner. We should see, *e. g.*, the mature man split up into two equal and similar men, each remembering, knowing, believing, and feeling, up to the day of fission, all that the other remembered, knew, believed, or felt; each, too. it might be contended by moralists, equally sharing the merits or demerits of the antecedent form, and each at a loss to say when his own personality took its rise.

Hygiene of the Male Generative System.—John I. Ligget, M. D., formerly Assistant Surgeon U. S. Army, in *Medical Gazette:* As this subject has occupied more or less attention among mankind since the earliest ages of the world's history down to the present time, and according to the sagacious Locke, has produced more wry actions than all other sources of prejudice whatsoever, I need not offer any excuses for treating upon such a well worn theme. Innumerable methods and theories have been inculcated at various times, to act hygienically outside of the proper connubial condition. From the Turkish harem, and the polygamy of Brigham Young, to the use of monobrominated camphor and bromide of potassium, the ground has been well traveled over, and with a common object: the health of the male generative system. The social evil exists in response to a demand or a practical expression of an ascertained want on the part of the male population. This evil cannot at present be called a success in a hygienic point of view, however. Originating ostensibly as a palliative measure for some of the ills which flesh is heir to, it has now in some degree become an engine of destruction, and often slays where it should cure. Since entering upon the study of medicine, and during a residence in some of our larger cities, my attention was unavoidably directed to the licentiousness existing in both sexes among certain classes, and this aroused a desire to investigate the natural laws which should properly govern the intercourse of the sexes. In the course of these investigations comparisons were instituted between the human family endowed with reason, and animals unendowed with reason, and such comparisons were found to be unfavorable to the human family. A writer has said:

> "Once in a season beasts too taste of love,
> Only the beast of reason is its slave,
> And in that folly drudges all the year."

The questions presented themselves: Why is it that man alone becomes frenzied by passion in some instances; gratifies his lust by force, and adds the additional crime of murder sometimes to that of outrage? Where is the animal that will destroy the female of his own species, when his amorous advances are repulsed? Why is it that many of our best men destroy themselves by diseases generated through impure connections? They know the risks they run, but they rush on blindly to their destruction, impelled by a force they cannot resist. This irresistible force became a subject of inquiry. In following up the inquiry the conclusion was arrived at that man alone, of all the male creation, *kept his testes at a high temperature by his mode of dress.* Air was seldom allowed to penetrate freely to those organs. All other animals had their organs freely exposed and kept at a low temperature. This appears to constitute the cause of the want of control in many males over their sexual impulses. The next inquiry was to find a remedy. The laws of decency require the male genitals to be hid from sight, of course, but they can still be ventilated. *The clothing immediately covering the male genitals should be of thin goods, or perforated so as to admit air. If drawers are worn, an opening could be left in them just below the testes.* Possibly the solution of the great question of male generative health lies in the word *rentilation.* In the first part of this article mention was made of the "proper connubial condition." Whether the connubial condition as it exists at present is the proper one, is open to grave doubt. Aristotle cautions husbands "not to spend their stock too lavishly, as the fair lasts the whole year," but under proper circumstances of ventila tion and male generative quietude, the accomplishment of conception would probably cause a suspension of the fair for a season at least. These views are contributed with the hope that they may aid somewhat in the solution of the very much vexed questions mentioned.

PROF. JOY WILL NOT RESIGN.—

MARSHALL, Mich., Aug. 8, 1882.

James B. Angel, LL. D., President of the Board of Regents, University of Michigan:

DEAR SIR:—Your note with enclosed copy of resolutions of the Board of Regents adopted, July 28, is received. It is perhaps unnecessary for me to inform you that I must respectfully decline to accede to the request of the board asking for my resignation as assistant in general chemistry in the medical department of the University of Michigan.

Under ordinary circumstances I should consider myself bound to respect a request coming from such a course, but in the present case I do not think I could comply without surrendering my self-respect and virtually confessing to the profsssion that I was guilty of the charges which Dr. Frothingham made against me, and of which the Board of Regents at their June meeting, after a long, patient and careful hearing of all the facts, unanimously exonerated me.

It would be much better that the regents should have found against me than that now I should by my action give credence to the report that the judgment of the regents in June was a whitewashing affair, given with the understanding that I was to leave the University and thus prove myself a coward and unworthy of any standing in the profession.

The finding of the Board in June I believe to have been free, and uninfluenced by improper motives, and based alone upon the facts. It set me right before the members of my profession, and saved my character from a stain that might otherwise have been fastened upon it. I can not but think that my resignation sent in at this time would weaken the force of the verdict in my favor in June. The regents then found that I had "not been guilty of any conduct requiring dismissal from the University."

Since then Drs. Frothingham and Maclean have sought to succeed in their purpose of crushing me, and forcing me out of the university, not by reason of any just cause of complaint against me, but by means of a threat that if I were not driven from the faculty they would destroy the medical department, by crippling its service at a time when that service could only with considerable difficulty be sustained. It may be true that the medical department could ill afford to lose the services of Prof. Maclean and Frothingham, and yet I cannot think that such a demand on their part, under the circumstances, is a proper one, or one that ought to be acceded to.

It cannot be true that the board mean to abdicate their duty of selecting teachers for the University to the faculty or any part of it. Nor can it be true that it means to adopt a policy which will force it to drive from the University a faithful servant who may from any cause, however unjust, have become obnoxious to one or more of the other members of the faculty, because his accuser is an older or more valuable man. Such a policy would place all the younger members of the faculty at the despotic mercy of their elders, and tend to destroy all independence and manliness on their part.

I do not believe that such an institution as the University of Michigan can, in the long run, profit by thus sacrificing principle to expediency any more than can a private individual. If this be not the policy adopted by the Board of Regents then, inasmuch as the resolutions requesting my resignation do not free me from any criticism that might justly be called forth, and do not allege any cause whatever for the action taken, I think that to accede to the request would be to seem to acknowledge that it was based upon some error or wrong committed by me. Such a seeming confession I am unwilling to make, and therefore choose dismissal, rather than tender my resignation with what it might seem to imply. I feel that I have been grievously persecuted by my accusers, and deeply wronged by the Board of Regents; and yet I rejoice to know that if I am but true to myself it is beyond the power of any one now to destroy or injure my character.

Very truly,
DOUGLAS A. JOY.

MOSQUITO OIL.—The following is recommended by a correspondent of the *Druggists Circular* as a mixture with which to anoint exposed surfaces to prevent the mosquitoes from biting them:

Oil of tar	1 ounce
Olive oil	1 ounce
Olive of pennyroyal	½ ounce
Spirit of camphor	½ ounce
Glycerine	½ ounce
Carbolic acid	2 drachms.

M. Shake well before using.

To Dr. J. E. Janvrin, of New York city, has been allotted the task of writing the chapter on the "History and Statistics of Ovariotomy," in the "System of Gynæcology by American Authors," now in process of preparation. All who wish their cases published are requested to send to Dr. J., 191 Madison Avenue, N. Y., answers to the following questions:

1. Name of operator?
2. Age of parents?
3. Nationality?
4. Married or single?
5. Aspiration or previous tapping?
6. Duration of growth?
7. Laparotomy or vaginal operation?
8. Condition of patient at time of operation?
9. Were antiseptic precautions used?
10. Was the spray used?
11. Long or short incision?
12. Adhesions or other complications?
13. Double or single ovariotomy?
14. Pathological features of cyst?
15. Treatment of the pedicle?
16. With or without drainage?
17. Duration of operation?
18. Complicated or uncomplicated history after operation?
19. Antipyretics used, if any?
20. Result. Cause of death, if any?
21. Primary or secondary operation?

Cathell: When any one under your treatment dies unexpectedly, or mysteriously, or shortly after the use of some new means you have directed, or after beginning some new remedy, or shortly after you have performed some operation, or just after you have pronounced him better, or in any other way that could possibly expose you to unjust censure,it is better bravely to visit his remains without delay, to learn about the death, discover what attitude the friends assume towards you, to meet their criticisms by explanations, etc. On such occasions be self-possessed, and if need be, explain and defend your course and your treatment. By doing so you can anticipate evil reports, and shape or dispute them, before they are are extensively circulated.

An Ohio correspondent sends us the following and asks us whether this is the way the medical schools of Michigan do business. Perhaps there is nothing wrong about it, perhaps it is a regular way which some have, and perhaps no explanation may be deemed necessary. We, however, reproduce the note, by request, as a matter of possible professional interest:

ANN ARBOR, Mich., June 28, 1878.

DEAR SIR:—By the rule of the Department, we cannot accept time from an Eclectic preceptor. But you can without trouble make affidavit that you have been studying medicine three years and that will answer every purpose. If you have not received our announcement for 1878-9 send me a card and I will send it.

L. G. NORTH, Dep. Dean.

The Detroit *Lancet* having declared that the Baltimore Medical and Surgical Society refused to receive into membership a "well educated and gentlemanly physician, solely upon the ground that he had colored blood in his veins," the Atlanta *Medical Register* is struck not only with the delicacy of the allusion, but with the physiological phenomenon. Colored blood! Is the blood of the son of Ham of another hue than that in the veins of the descendants of Noah's other sons.

A new medical college which has been incubating in Toled for lo! these many years, is at last about to be brought forth. It is said that it will enter the field during the coming fall. There is no valid reason why Toledo shouldn't have a medical college as well as any of the other Ohio towns. A medical college is coming to be regarded as such an indispensable institution that the town that can't afford one isn't much of a town.

Billroth: "I am no longer the bold and dauntless operator I was known to be when in Zurich; now I always ask myself the question: 'Would you let this operation be performed on yourself if you were in your patient's place?' As years pass by one becomes more and more resigned; still I feel that in each succeeding year that destiny may yet allow me, I will be more and more affected by hearing of failures and bad results in the work of our profession."

A number of cases of supposed yellow fever have developed at Brownsville, Texas. It has not yet been conclusively determined, however, that the cases are such, there being some who claim that they are but aggravated cases of bilious remittent It is unfortunate that at this time the functions of the National Board of Health should have been interfered with by tinkering legislation.

Dr. Hewson, of Philadelphia, declares that he has traced small-pox to the English sparrow's nest, and the editor of the Pittsburgh *Medical Journal* has seen the eruption among the poultry of a family which he was treating for small-pox. The head and comb of the fowl were the chief seat of the pustules, which were in every particular like those occurring on the human body.

The *Edinburgh Medical Journal*, for June, contains the report of a case by Dr. Kennedy, in which a woman at the age of sixty-two gave birth to her twenty-third child. She had menstruated since her thirteenth year, and gave birth to a child every two years commencing with her sixteenth year.

The Emperor of Germany recently requested Koch to show him a bacillus tuberculi, and Koch showed him a something which the emperor could not dispute was a bacillus. Had it been a maggot his Royal Highness would scarcely have known the difference.

Prof. Maclean of the University of Michigan having submitted to the Committee on Publication of the Michigan State Medical Society a reply to Dr. Foster Pratt's paper read before the meeting of that body in May last, in which paper the University professor is made to appear in a light which he does not like, the committee respectfully return the "reply" giving as their reason that "it reflects on the character and motives of one of the Society's members." The worthy professor, therefore, finds a place for his reply in the University organ and leaves the impartial reader "to decide which is most deserving of censure: Dr. Pratt's effort, with its sophistical arguments, unwarrantable insinuations and uncandid statement of facts; or, the committee's sense of justice in accordance with which they decide to publish his unprovoked and unmanly attack, while they exclude *my simple matter-of-fact statement in reply.*" Perhaps the committee were unable to harmonize the professor's characteristic profusion of adjectives (a sample of which is given in the quotation) with the claim that the reply was impersonal, unprejudiced, impartial, high minded, and dignified.

Our Canadian exchanges still cling to the antediluvian practice of inserting colored advertising sheets among their reading matter. A proper regard for either propriety or good taste would cause them to have an advertising department proper to which readers might refer, and not be obliged to have the train of thought broken in on by irrelevant matter. "A place for every thing and every thing in its place."

In order to expedite the appearance of the Transactions of the American Medical Association for 1882, the committee on publication decided to go to press on the 5th inst., without fail. Any member, therefore, who may have kept back his proofs after the old manner of doing things will find himself left.

With a Faure battery attached to a tricycle the vehicle has been propelled at the rate of ten miles an hour. It, moreover, is much less costly to keep such a battery than it is to keep a horse, which fact may in the near future cause it to supplant the animal to a large extent.

Boro-glycerine the new compound which has proven of such service as a preservative of meat and has given such promise of value in antiseptic surgery has been patented. The medical profession wonder how this fact can be made to harmonize with a recent supreme court ruling that an aggregation is not patentable.

The London *Lancet* having reflected on the sanitary condition of Brighton, that city brings an action against it for damages. This is certainly one of the most remarkable procedures on record.

Schopenhauer: The physician sees a man in all his weakness; the lawyer sees him in all his wickedness; and the theologian in all his littleness.

A hospital nurse on being asked which was the most dangerous case in the ward, pointed to the surgeon's instrument case.

Carl Pretzel: "Der Lord sees all tings, und it vas a consoling dought to some of the docters dot der Lord don't vill tell."

Book Notices.

MATERIA MEDICA AND THERAPEUTICS. Inorganic substances, By Charles D. F. Phillips, M. D., member of the Royal College of Physicians, etc.; late lecturer on Materia Medica and Therapeutics at the Westminster Hospital Medical School. Edited and adapted to the N. S. Pharmacopœia by Lawrence Johnson, A. M., M D., Lecturer on Medical Botany, Medical Department of the University of the City of New York; Fellow of the New York Academy of Medicine, etc, Vols. i and ii,
New York: Wm. Wood & Co.

The two volumes constitute the April and May numbers, respectively, of Wood's Library of Standard Medical Authors for 1882. As will be seen from the title they are devoted to the materia medica of inorganic origin. We had the pleasure of noticing the author's treatise on the vegetable materia medica as it was presented in the Library for 1879, and took occasion at that time to commend its style, clearness and adaptability to the needs of the student of this important division of medicine.

It would seem that with so many treatises on materia medica on the market there would scarcely be room for another. An examination of that before us convinces us, however, that it fits into a vacant place. While it does not treat of all the subjects ordinarily discussed in works of this nature, it handles such as it does consider very exhaustively, and devotes especial attention to the physiological action of each drug. This we consider a special feature of the work and one which peculiarly commends to the attention of the practitioner of medicine. The therapeutical application of each drug is largely based on the physiological action. This is, of course, the only scientific method of determining the application of medicines, and while it is not an infallible guide, taken in connection with what has been determined empirically, it leads as no other plan can, to a rational therapeusis.

We hazard nothing in saying that there is no work on its subject better adapted to the requirements of the practitioner of medicine, while to the undergraduate it is not less valuable.

REPORT OF THE EYE AND EAR DEPARTMENT OF ST. MARY'S Hospital and St. Mary's Free Eye and Ear Infirmary of Detroit, for two years ending June 1st, 1882. Dr. Eugene Smith, Professor of Diseases of the Eye and Ear, Detroit Medical College, Surgeon in Charge.

We are pleased to note that Dr. Smith has profited by our criticism of his previous report, and that he has in that before us given some deductions from the large amount of material which has come under his care. The total number of operations on the eye were 242; these embrace operations for cataract (19), enucleation (24), iridectomies (39), strabotomies

(26), etc. The successes which have attended these operations have been confirmatory of the doctor's acknowledged ability as an operator. He has employed jaborandi or its alkaloid pilocarpine with success in detachment of the retina. He regards scrupulous cleanliness as of greater value than the employment of antiseptics.

The Asylum Superintendents on the Needs of the Insane, with Statistics. By C. L. Dana, A. M., M. D., Professor of Physiology in the Women's Medical of New York; Physician to the class of Nervous Diseases, Northeastern Dispensary. Read at the annual meeting of the National Association for the Protection of the Insane and the Prevention of Insanity, January 17, 1882, and reprinted from the Journal of Nervous and Mental Diseases, April, 1882.

This is a pamphlet of 17 pages, full of statistics showing the ratio of the insane to the sane population in different portions of the country, the number of asylums, their cost and needs, etc. There is nothing particularly original in the paper, but it shows evidence of having been carefully compiled, and possesses the merit of having all the facts condensed in a brief space.

Double Irrigation and Drainage Tubes; Uterine Dilation by Elastic Force; The Cure of Hernia by the Antiseptic Use of Animal Ligature. By Henry O. Marcy, A. M., M. D., Boston, U. S. A., Member of the International Medical Congress; Member of the British Medical Association; Member of the American Medical Society; Member of the Massachusetts Medical Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; Fellow of the American Academy of Medicine, Boston Gynecological Society, Cambridge Medical Improvement Society, etc. Reprinted from the Transactions of the International Medical Congress for 1881.

In the first of these three papers Dr. Marcy discusses the advantages derived from the use of the double tube, particularly when it is made of such soft, flexible material as rubber. He finds the double current of great value when a thorough cleansing of any cavity is necessary, and the tube has also proved more serviceable for evacuating the stomach than the ordinary stomach-pump. The second paper is descriptive of an instrument designed by the author, for the dilatation of the cervix uteri by elastic pressure, by means of which the desired portion of the organ can be dilated without irritation to any part of it. The third paper relates the author's experience in the use of animal ligatures in operations for the cure of hernia, in which the advantages gained are clearly set forth. All three papers are terse and to the point, and contain many valuable suggestions.

Plastic Splints in Surgery. By Samuel N. Nelson, of Boston, Mass. An Inaugural Thesis presented to the Faculty of the Medical Department of Marvard University, June, 1881. Reprint from the Annals of Anatomy and Surgery.

Dr. Nelson has made a careful study of the various material used for plastic splints and gives preference to plaster of Paris rollers, made with the cheapest bleached cotton cloth, before it has received the dressing of earthy and starchy compounds that are used to give the firmness required in finishing. He describes the device used by Dr. Marcy for incorporating the plaster with the cloth, and gives tables showing the strength of plaster compound to various thicknesses of cloth.

The Practice of Gynecology in Ancient Times. By Edward W. Jenks, M. D., LL. D., Chicago, Ill. Reprint from volume vi, Gynecological Transactions, 1882.

This is a most exeellent brochure of fifty pages. It carefully reviews the history of gynecology from the earliest times. Plates illustrating ancient instruments are appended. To the student of historical medicine it is a mine of wealth in the shape of carefully culled, and briefly annotated excerpts from the writings of ancient professional and miscellaneous authors.

Professor Jenks has used the resources of his magnificent library to excellent advantage in giving to the profession this elaborate account of the surgical procedures in the diseases peculiar to women, resorted to by almost forgotten practitioners.

The maxim *nil nova sub sole* is exemplified in the good descriptions given of the specula and catheters used by the physicians of ancient Pompeii. Is it possible that Sims got his idea of the peculiar catheter which bears his name, and which is used in the after-treatment of the operation for vesico-vaginal fistula, from the bronze instruments exhumed from the buried cities about the base of Vesuvius? Professor Jenks has fully described the views of pathology and therapeutic measures entertained by ancient writers, and the student who is ambitious to acquaint himself with the principles of gynecological science from its foundation cannot do better than read this work.

Original Articles.

Percival Pott and Some of His Lessons.

BY HAL C. WYMAN, M. D., PROFESSOR OF PHYSIOLOGY AND HISTOLOGY, MICHIGAN COLLEGE OF MEDICINE.

Like many others who have distinguished themselves in surgery, Percival Pott was intended for the church. But an irresistible inclination to the profession of surgery caused him to apprentice himself to one of the surgeons to St. Bartholomew's hospital, who gave lectures on anatomy, and employed young Pott in preparing subjects for illustration. He was born in 1713, and began his apprenticeship when 16 years old. He had previously attended a private school and acquired a taste for classical knowledge which he did not neglect while more actively engaged in the study of his profession. When 22 years of age, after six years of service under a master distinguished for his coarse and cruel methods, he finished his apprenticeship, and began to exercise his profession with almost immediate success. After nine or ten years of private practice he was appointed one of the surgeons to St. Bartholomew's hospital, and at once began the career of use-

fulness which has made his services so distinguished. His biographer and relative, Sir James Earle, says at the time he began his hospital service the state of surgery was still very imperfect, and the maxim "*Dolor medicina doloris*" was unrefuted; the severe treatment of the old school in the operative part and in the applications, continued in force; the first principles of surgery, the natural process and powers of healing, were either not understood or not attended to; painful and escharotic dressings were continually employed, and the actual cautery was in such frequent use, that, at the times when the surgeons visited the hospital, it was regularly heated and prepared as a part of the necessary apparatus. Pott's tutors adhered to the established methods, and treated with contempt the endeavors of their pupil to inaugurate more rational and milder methods of treatment. He lived until 1788, and saw some barbarous methods set aside, and principles more humane and physiological, the result of his study, adopted in their stead.

For his day he was a quite frequent author, and attained great distinction as a correct, vigorous and elegant writer; but it is mainly because of bold and ingenious investigations into the history, causes and cure of disease that his memory is respected. Who before or since his time has been more plain, direct or simple than he in giving the facts or reasons concerning a method of cure? An admirer speaks of him as "the author of that simplicity which distinguishes present practice from that of our ancestors," and I believe a careful perusal of his works will convince anyone of the correctness of that opinion.

With what perspicuity he says, in his "Treatise on Ruptures,": "Very frequently in infants, and sometimes in adults, and often neglected in both. In the former, as the descent seldom happens but when the infant strains to cry, and the gut is either easily put up or returns *sua sponte* as soon as the child becomes quiet, it is often totally unattended to, or an attempt made to retain it only by a bandage made of cloth or dimity, and which, being ineffectual for such purpose, lays the foundation for future trouble and mischief. This is, in great measure, owing to a common opinion that a young infant cannot wear a steel truss; a generally prevailing error, and which ought to be corrected. There is no age at which such truss may not be worn, or ought not to be applied; it is, when well made and properly put on, not only perfectly safe and easy, but the only kind of bandage that can be depended upon, and as a radical cure depends greatly on the thinness of the hernial sac, and its being capable of being so compressed as possibly to unite, and thereby entirely close the passage from the belly, it must therefore appear to everyone who will give himself the trouble of thinking on the subject, that the fewer times the parts have made a descent and the smaller and finer the elongation of the peritoneum is, the greater the probability of such cure must be."

To Mr. Pott belongs the credit of having been the first to correct the bad treatment of fistula lachrymalis by the cautery; a method which often resulted in painful and unsightly deformity. In his tract he carefully describes the anatomy and physiology of the lachrymal tract; and shows how a frequent method of dressing the wound after the fistula had been opened caused the very condition of affairs the surgery of the parts was intended to relieve. He displays, in his philosophy of the cure of the disease in question, a thorough knowledge of Nature's methods and aims in the management of strictures of various mucous passages. Observe the wisdom in the remarks prefacing his treatise on ruptures: "The generality of mankind look upon rupture as an imperfection in their form, as a disease which impairs their strength and lessens their generative faculty. They who lie in wait to avail themselves of the weakness of the infirm and fearful, are well acquainted with these fears, and very lucrative use do they make of them. By this means these imposters are furnished with opportunities of subjecting the ignorant and credulous to tedious confinements, painful applications, and even hazardous operations; and of defrauding the timorous and bashful of large sums of money, for imaginary diseases and pretended cures." Again, he says, "complaints of this sort, coming from the profession, are generally ill-received; and being set to the account of prejudice, interest and craft, are very little regarded; but in this mankind do us great injustice. It is far from my intention to defend the body of surgeons from any accusation which may be brought against them; but as the reason given by most of the patrons of quackery for their supporting it, is, that the medical world, through mere obstinacy, never depart from the customs of their ancestors, nor attempt anything new, though mankind might be much benefited by such inventions. That the merit of many of the old practitioners was great; that they left behind them many proofs both of their sagacity and their dexterity; that we have received large information from their writings and that, *cæteris paribus*, he who is best acquainted with them will be the best surgeon, is well known to every one who is at all conversant with them, and can be denied only by those who are not. The very imperfect state of their anatomy was one great source of error; which kind of knowledge has been so cultivated in our times as to convert ignorance into a vice, and to render those who are deficient in it perfectly inexcusable." I think the reader will bear me out in the assumption that not one sentiment of the above quotation, is inapplicable to the profession and its clientele as we find them in our midst to-day.

Pott gave careful study to the subject of hernia, the methods of treatment, management of gut when found gangrenous; and was the first to indicate the greater danger of small hernias. Respecting the radical cure, he early pointed out the cause of frequent failures of the "royal stitch" or *punctum aureum*, which consisted in passing with a long

needle a gold wire about the neck of the hernial sac after the bowel had been returned to the abdomen. It appears to have succeeded in the hands of some of the older surgeons, but sometimes failed because it obliterated a part of the sac only—that portion exterior to the external abdominal ring.

In his remarks on fractures and dislocations, Pott displays wonderful knowledge of the physiology of bone, muscles and joints, for the period in which he lived; but it is not strange when we reflect that it was a rule of his active professional life not to permit a day to pass without dissecting some portion of the human anatomy. He considered it the sacred duty of every surgeon who might be called upon to operate upon the living, to be always operating upon the dead. In his day Listerism was, of course, unknown; and it is a little singular that operations did not terminate unfavorably more frequently than the statistics of the hospitals indicate. It is barely possible that we go too far in requiring our surgeons to abstain from contact with the dead when operating upon the living; and that, the increase in knowledge and judgment which would result from greater familiarity with the practical anatomy and physiology of the human body, would insure successful operations sufficiently often to overbalance the good which may come from rigid application of the principles of Listerism. There are men in the profession today who believe that the opprobrium of modern surgery consists in the fact that there are too many book surgeons and too many paper anatomists and physiologists. The tendency in medical instruction, the improvements in text-books, are calculated to make easy the committing to memory of the subjects, whereas more time should be spent in acquiring a practical understanding of the functions and relations of the various organs of the human body and less in acquiring ability to talk about them. Anyone who will give himself the trouble to read Pott's views concerning the positions in which fractured limbs should be placed and notes the soundness of the physiology upon which those views are based, will acquire information which will enable him to avoid unfavorable results in many of his unpromising cases. The writings which have done most to give the subject of our sketch his greatest fame are those wherein he describes the way in which he discovered the value of opium in the treatment of mortification of the toes and feet of old persons; and his "remarks on that kind of a palsy of the lower limbs, which is frequently found to accompany a curvature of the spine and is supposed to be caused by it; together with its method of cure." In the course of these remarks, he indicates certain points, which if fully comprehended by the student, will surely save him the chagrin of imperfect diagnosis and consequent mal-treatment. He says: "the disease of which I mean to speak is generally called a palsy as it consists in a total or partial abolition of the power of using the lower limbs. Until the curvature of the spine is discovered, it generally passes for a nervous complaint. Notwithstanding the lower limbs be rendered almost or totally useless, yet there are some essential circumstances in which this affection differs from a common nervous palsy; the legs and thighs are rendered unfit for all the purposes of locomotion, and do also loose much of their natural sensibility, but they have neither the flabby feel, which a truly paralytic limb has, nor have they that seeming looseness at the joints, nor that total incapacity of resistance which allows the latter to be twisted in almost all directions; on the contrary the joints have frequently a considerable degree of stiffness particularly the ankles. by which stiffness the feet are generally pointed downward and difficulty experienced in setting them flat on the ground. "While the curvature of the spine remains undiscovered or unattended to the case is generally supposed to be nervous, and medicines called are most worm liniments, embrocations, etc., to the parts affected. And when the true cause is known recourse is always had to steel stays, the swing the screw chair and other pieces of machinery in order to restore the spine to its true and natural figure ; but all, so far as I have observed, to no real or permanent good purpose. The patient becomes unhealthy, and languishing a time under a variety of complaints, dies in an exhausted, emaciated state, or which is still worse, drags on a miserable existence confined to a bed, deprived of the power of locomotion, and useless both to himself and others. With some feeling, after this account of the natural history of a disease which is even now occasionally overlooked by the indifference or ignorance of the medical attendant, Mr. Potts says : "This in an infant is most melancholy to see, in an adult most miserable to endure." In regard to treatment of the disease, he had fair success with the issue. He believed that nature cured it sometimes, and endeavored to imitate nature's methods by establishing abscesses in the back over the seat of curvature, a method which, in my opinion, embraces the real principle of cure, and that is a reunion of the diseased vertebra by bony anchylosis, and something which must occur before the spine can acquire strength to to support the superimposed extremities; and which, if we are to believe a law of physiology that efforts at repair commence immediately an injury or damage is sustained, begins very early in the history of the disease. That Pott had such a principle in mind, if he did not verbally formulate it, when he made deep incisions at the side of spinous process at the point of curvature to establish an issue, any one will be convinced who will take the trouble to read his descriptions of cases. Experiments which I have made on dogs convince me that osseous union may be established between the spinous, transverse and articulating processes of the several vertebræ, and when such anchylosis exists no better rest for diseased and carious vertebral bodies can be devised.

Among other original works performed by Mr.

Pott I desire to mention the treatise on "injuries of the head from external violence," which has been recalled to mind by recent discussions in the American Surgical Association. Pott laid down correct rules for the management of such cases. I do not see that our moderns have improved upon them. The article on cancer scroti or chimney-sweep's cancer is the foundation for the present literature of the subject. In that article is a scholarly review of Ramazini's work *De Morbis Artificum*, one of the early discourses on diseases peculiar to certain trades and occupations, Pott shows great keenness and fine judgment in isolating the soot wart or scrotal cancer from simple lesions of the scrotum. In his day specialists had not obtained the recognition from the rank and file of the profession which they have since. In him we find a man who in an eminent degree studied the healing art from a platform of pure physiological principles. We find that he was bold when the indications were that his proceedures would be followed by benefit to his patient, and that no department of human suffering was exempt from his researches. When he performed extirpation of both ovaries because they were incarcerated in the inguinal canal and the pressure incident thereto deranged the general health of his patient, he did so with a firm conviction that it was the safest and most reasonable way to restore her health and render her capable of obtaining her bread. His account of that operation, formidable as it is now generally considered, is not prefaced by circumlocution setting forth his great experience in diseases peculiar to females, but briefly gives the facts in the history of the case which point unmistakably to the necessity for the treatment carried out. It has been my aim in this paper to call attention to a few of the lessons taught by this great man, that we may not forget that when we err in the course of our professional careers it is often because we have not given sufficient attention to the observations and experience of those who have gone before us. In closing I cannot indicate to better advantage the many virtues of Percival Pott than by reciting the inscription on the marble tablet erected to his memory in the church where he is buried: "In memory of Percival Pott, Esq., F. R. S., Surgeon of St. Bartholomew's Hospital during 42 years, who departed this life December 22d, 1788, aged 75 years. He was singularly eminent in his profession, to which he added many new resources, and which he illustrated with matchless writings. Let posterity revolve the sum of his experience, that the world may still enjoy the benefits of his successful practice. He honored the collective wisdom of past ages: The labours of the Ancients were familiar to him. He scorned to teach a science of which he had not traced the growth; he rose, therefore, from the form to the chair. Learn, reader, that the painful scholar can alone become the faithful teacher. But his studies had a double issue. Whilst he gathered the knowledge of his predecessors he perceived their errors, and corrected them. He discovered their defects and supplied them. Original in genius, prompt in judgment, rapid in decision, he directed knowledge to its proper ends, but pursued them when the aids of information were exhausted. The last steps, therefore, and great improvements were his own. His integrity is before his judge; without it, his skill might have profited mankind, but could have claimed no record within these walls. His private virtues, his signal tenderness to his family, completed an example, amiable, useful, great."

Selections.

HEADACHES IN CHILDREN.—When a child complains of headache our most careful scrutiny is demanded, and if it be too young to describe its sufferings its manner and appearance are highly suggestive of some cerebral disturbance. Look at the little child of some ten or twelve months old, who is well developed and comes of healthy parents. There is the excitement of dentition, and the little thing is observed to put its tiny hand to its head, which it rolls, perhaps, from side to side, and the anxious mother at last detects a slight irregularity in the muscular movements of the eyeball. Reflex nervous irritation is conveyed through the fifth nerve to the brain, and irritation so awakened may be followed at any moment by a convulsion. The child is wakeful, uneasy, and restless. The brain, so needful of rest at this early period of life, is susceptible of mischief. I think there is hardly a practitioner among us who on looking back has not, in the course of his early experience, had reason to think he has overlooked these significant symptoms, and at the same time felt surprise at having neglected them. Habitual headaches in older children indicate an exhausted and irritable brain, and if intellectual exertion be carried too far in such cases mischief is likely to ensue. It seems extraordinary that educated men who have the care of young persons should not see this danger in the anemia produced by over study, the irritability and excitability of manner, and the impossibility of concentration, so necessary to the accomplishment of any undertaking. If intellectual exertion be carried beyond a certain point the brain becomes anemic, fatigued, and the nutrition in the ganglionic cells of the cortex becomes impaired, diseased, or in some way altered from health. Whatever may be the exact change in these cells, due perhaps in a great measure to the absence of healthy blood, the inference is most probably correct that children so suffering can not readily grasp new ideas; and if strong and powerful effects are put forward in this direction the knowledge is not retained, the object is frustrated, one idea is mixed up with another, and confusion results. This, I apprehend, is just enough to illustrate the grand problem that the body must be looked to as well as the mind; and the younger the child, the greater is the necessity for the delay of intellectual training. And it does strike one as very extraordinary that the nervous system, which is the last to attain complete development, should be the first to be overtaxed in this age of forcing and strain, when revolutionary ideas are apt to overrule the judgment. It is not that the moderate exercise of the brain in early life is injurious; on the contrary, it is conducive to health. The mind is then flexible and plastic, impressions are enduring, and habits of concentration are easily acquired. It is the premature and exces-

sive exercise of it which is prejudical when the bodily powers need the chief attention.

No rigid rules, no cast-iron system, will do for the training of all children. All are not cast in the same mold. Any system of education must be elastic, since mediocrity is the rule; and if more be expected of some children whose physical development is at the same time feeble, then disease or premature ill health is the consequence.

Headaches are often *hereditary*. They have attacked children of the same family who have been brought up at a distance from one another, and whose surroundings have been quite different. In such cases there is something peculiar in the nervous system itself—a tendency to nervous disease. It will, I think, be often found on inquiry that the parents of such children are liable to nervous disease, nervous exhaustion, paralysis, etc., and perhaps some children of the family have had epilepsy, chorea, or asthma. In many instances too there is some faulty condition of the blood. The brain, badly nourished through a scanty supply of blood, and that poor in quality, loses its balance and can not resume its tone.

I will now briefly allude to some of the varieties of headache in children. *Neuralgic* headache (one-sided headache) is not a very common type in children, but it oftener occurs than is generally supposed. So far as my experience goes, it has been met with chiefly among *three* classes of children: 1. Those of the neutral temperament, whose nervous system is easily fretted, excited, and therefore sooner exhausted. If such children are pressed too much with their studies. then they the more readily suffer. Any degree of intellectual exertion is exciting to children of timid and delicate constitution, who are not only too anxious to learn, but can not throw their studies off the mind. 2 Those children who have been reduced by some long and exhausting illness, in-door confinement, and bad air. 3. Those born of delicate parents, and who are badly fed.—*W. H. Day, M. D., in Medical Press and Circular.*

Schmierseife.—Within the last few years the pharmacopœia has been enriched by so many new and very effective drugs, that we are not suprised to see some of the older remedies falling into disuse. This has not been the fate of green soap On the contrary, it has of late attracted more attention than formerly. Several years ago, Dr. Kapesser announced that in green soap we possess an excellent agent to effect absorption in chronic inflammations of lymphatic glands. His report has been substantiated in many quarters. Senator has convinced himself that these chronic swellings decrease in size in a remarkably short period. Kapesser found that it acts almost specifically in scrofulous and tuberculous inflammations. Senator has come to the conclusion that green soap effects absorption as rapidly as ung. hydrarg. or tinct. iodine, without being followed by the ill effects of the two latter. In most cases we have to deal with subacute or chronic troubles. He employed this remedy in two classes of chronic inflammatory affections of lymph glands, viz., multiple adenitis lymphatica and leucæmia lymphatica. In neither is its value so exemplified as in syphilitic lymphatic swellings, in which other specific symptoms have disappeared. In six to eight cases its use resulted either in absorption or diminution in the size of the indolent buboes.

More numerous are his observations as regards the efficacy of green soap in cases of exudations in serous cavities and synovial membranes. Pleural exudations of four to six weeks' standing, in which an operation was deemed advisable, and circumscribed peritonitic exudations disappeared under its use. In like manner chronic exudations which remained after an attack of acute rheumatic arthritis were absorbed. The author attaches more importance to this remedy in cases which are considered dangerous and in which recovery is a rarity—pericarditis. He reports five cases treated successfully. These were cases of young individuals in whom the articular affection had almost disappeared, but the febrile state still remained. Green soap was used externally to hasten absorption, as iodine is generally used, combined with the external administration of digitalis.

He attaches the greatest importance to cases of acute peritonitis with purulent exudations. Of these he reports two. The first was one of acute peritonitis following perimetritis. This was primarily treated by the ordinary method, with external application of grey ointment. Suddenly there appeared an exacerbation of symptoms and the exudation increased. Green soap was now employed and from day to day a diminution in the quantity of the exudation could be noticed. The fever abated. In consequence of severe physical disturbance there occurred a relapse, and the patient died in collapse.

The other case was as follows:

Patient 28 years of age was admitted to the hospital September 21st. Had been healthy previous to this attack, which began with dull pain a few minutes after eating, in the region of the stomach. On the day previous to admission, he felt a sudden pain in the epigastric region. The following afternoon he vomited a green watery mass. Condition at that time: Anxious face, constant abdominal pain, which increases on pressure, abdomen somewhat swollen, no rise in temperature. Urine contains large amount of indican. 2d day. Inunctions of green soap and morphia subcutaneously. 5th day. On percussion, dullness, showing extent of exudation well marked. Pulse 84. Frequent desire to defecate but only slimy stools. 11th day. Decrease of area of dulless No vomiting, and normal passages. Patient dismissed after four weeks. The author by exclusion, diagnosed this a case of perforating peritonitis, which as a matter of fact is accompanied by low temperature. This class of cases is generally considered absolutely fatal, only one case reported by Traube ending in recovery. Traube's treatment consisting in large doses of opium, werm poultices and inunctions of grey ointment every two hours. The author describes another case which was attended by high fever, great tenderness, œdema and severe dyspnœa, improved after the use of green soap.

The inunction of green soap, hence, gives us as good results as iodine and grey ointment.

Senator recommends, as a rule, to rub it thoroughly in the locus affectionis, two to four times. As soon as the surface becomes reddened, we should desist. For private use, he employs a more elegant form—Sapo kalinus with oleum lavandulæ 50.1.

The excellent results may be attributed 1st, to the mechanical effect of the rubbing; 2d, that by means of the massage, an inflammatory irritation is started in the tissues and the exudation absorbed; and 3d, to the probable liquifying power of the potassium. —Dr. Senator in *Deutsche Med. Zeitung.*

The Treatment of Hæmorrhoids by Injections of Carbolic Acid.—Dr. Charles B. Kelsey, Surgeon to St. Paul's Infirmary for Diseases of the Rectum, New York, recently opened a discussion on the treatment of hæmorrhoids, at a meeting of the

New York Clinical Society, by reading a paper on the treatment by injections of carbolic acid. The paper, which appears in the August number of the *New York Medical Journal and Obstetrical Review*, opens with condensed histories of a number of cases, after which he remarks that, beginning this plan of treatment without very much confidence in it, and with the fear of causing great pain, and, perhaps, dangerous sloughing, constantly before him, the method is constantly growing in favor with him, and the more he practices it the more confidence he gains in it. With solutions of proper strength the danger of causing sloughing of the tumors is very slight. There are no objeciions to this method which do not apply equally to others. He has once seen considerable ulceration result from it in the hands of another; but he has seen an equal amount follow the application of the ligature; and he does not consider this as a danger greatly to be feared when injections of proper strength are introduced in the proper way. It is applicable to all cases; is especially adapted to bad cases; and may be used where a cutting operation is inadmissible. It acts by setting up an amount of irritation within the tumor which results in an increase of connective tissue, a closure of the vascular loops, and a consequent hardening and decrease in the size of the size of the hemorrhoid. Except when sloughing occurs, the tumors are not, therefore, removed, but are rendered inert, so that they no longer either bleed or come down outside of the body. In cases in which the sphincter has become weakened by distension, the injections will also have a decided effect in contracting the anal orifice, as injections of ergot or strychnine do in cases of prolapsus. He has used this method of treatment now many times, and has never, except in one case, had reason to regret using it or to be dissatisfied with its results, so far as he has been able to follow them. Although slow to advocate any one treatment of this affection to the exclusion of all others, he now generally adopts this from the outset in each case, reserving Allingham's operation for any in which the injections may fail. As yet he has met with no such case. Its advantages over all other methods, provided its results prove equally satisfactory, are manifest. The patient is not terrified at the outset by the prospect of a surgical operation, is not confined to his bed, and is not subjected to any suffering. The cure goes on painlessly, and almost without his consciousness. The method requires some practice and some skill in manipulation, in getting a good view of the point to be injected, and in making the injection properly; but this is soon acquired; and he is more and more convinced that the fear of producing ulceration is an exaggerated one, and that when ulceration is produced it is a result either of a solution of too great strength, or of one improperly administered.

Hyperpyrexia in Acute Rheumatism.—A committee of the Clinical Society to whom the question of hyperpyrexia in acute rheumatism had been referred, made their report to the society May 26th. From the *Medical Times and Gazette* we glean the following conclusions that were arrived at :

1. That cases of hyperpyrexia in acute rheumatism appear to prevail at certain periods, having in the last decade been remarkably numerous in the years 1873–76, whereas latterly tney appear to have been much less frequent. That such excess corresponds in a certain degree, but not in actual proportion, to a similar excessive prevalence in acute rheumatism generally. That the largest number of cases of hyperpyrexia arose in the spring and summer months, whereas rheumatism is relatively more common in the autumn and winter.

2 That while very little difference obtains between the two sexes in regard to proclivity to rheumatism, the proportion of males to females exhibiting hyperpyrexial manifestations is 1.8 to 1, but that as to age no such marked difference exists : nor as to occupation.

3. That the subjects of hyperpyrexia show no undue rheumatic tendency as regards family predisposition.

4. That cases of hyperpyrexia preponderate in first attacks of rheumatic fever.

5. That hyperpyrexia is not necessarily accompanied by any visceral complications, but may itself be fatal. The complications with which it is most frequently associated are pericarditis and pneumonia.

6. That the mortality of these cases is very considerable, hyperpyrexia being one of the chief causes of death in acute rheumatism.

7. That although present in a certain number of cases, and then of much value, from their prodromal significance, neither the fact of the abrupt disappearance of articular affection, nor the similarly abrupt cessation of sweating, is an invariable antecedent of the hyperpyrexial outburst.

8. That the supervention of delirium or other symptom of nervous disturbance is very frequent, either antecedent to or simultaneous with the hyperpyrexia.

9. That there is considerable variability in the date of the occurrence and in the duration of the hyperpyrexial condition, ranging, according to our observations, at least, from the fourth to the thirtieth day.

10. That when death results it has occurred mostly in the second and third weeks of the rheumatic attack.

11. That the post-mortem examinations in a certain proportion elicited no distinct visceral lesions, and that, when present, the lesions are not necessarily extensive.

12 That the prompt and early application of cold to the surface is a most valuable mode of treatment of hyperpyrexia. That the chances of its efficacy are greater the earlier it is had recourse to. That the temperature cannot safely be allowed to rise above 105°. That failing, the most certain measure—viz., the cold bath—cold, may be applied in various other ways ; by the application of ice, by cold affusions, ice-bags, wet sheets, and iced injections.—*Medical and Surgical Reporter.*

Brow Ague.—Dr. G. Stanley Murray relates the following case in the *Lancet*:—

J. C., a gardener by occupation, about forty years of age, came to me a short time ago, complaining of intense pain over his right eye. He said the pain seized him regularly every morning, about nine o'clock, and ceased at seven o'clock in the evening, leaving him, during the remaining portion of the twenty-four hours, perfectly free from all discomfort. The attack commenced as a slight itching or tingling in the eye-brow, gradually developing into pain, which, as the day advanced, became so intense as frequently to oblige him to give up work and go home.

On examination I found a slight tenderness over the site of the supra-orbital notch (the seat of the pain), but not of any moment. The patient's general health was good, the appetite unaffected, the bowels regular, and the urine normal. In fact, the

man complained of nothing but the pain in question. As he informed me that he had been previously treated by large doses of quinine without experiencing any benefit, I put him upon a course of arsenic and iron, in frequent and considerable quantities for several days, with chloroform liniment and belladonna to apply on lint over the tender spot. This having no effect, I then desired him to try tonga. He commenced taking it the following morning, and in the evening came to say that he thought it certainly did him good, as although he experienced the pain as usual during the day, yet it was much diminished in severity. He determined to continue the drug next day, but left word in the evening (on my being from home when he called), to say that during the day he had been as bad as ever. After this I did not see him for a few days, when he came to tell me that the pain had entirely left him. On making inquiries I learned that, finding the pain was as bad as ever during the second day of his taking the tonga, he called at my house in the evening, to say so, but finding I was out, determined to come again the next day. The following morning he was seized, at the usual time, the pain becoming so intense that he was forced to leave off work and go home. On reaching home he became very sick, and vomited violently, bringing up at last what he described as a "vinegar plant," when immediately all pain and sickness ceased. He was, it seems, very desirable of bringing that interesting vegetable world to show me, but his wife dissuaded him from "making a fool of himself, bothering the doctor with that disgusting, dirty stuff!" and so, I suppose, the interests of science suffered! He has since been perfectly free from pain, the attacks having left him. He has experienced this trouble regularly for the last twelve years, although it has never passed away in sickness of stomach before, nor has he ever felt any nausea or discomfort during the course of any previous seizures. He said the attack always commenced during the last few days of March or the beginning of April, and lasted invariably nine, nineteen, or twenty-nine days.

I may mention, his right eye is blind, through cataract, with which he believes he was born.—*Med. and Surg. Reporter.*

Diagnostic Value of Albuminuria.—Bouchard observed that in examining albuminous urine, it is sometimes possible to make the coagulum retract by heating it, in oth r cases this cannot be done. Though the chemical cause of this phenomenon is unknown, he notes that the pathological conditions have a relation to its presence or absence. Whenever this retraction of the coagulum appears, we can pronounce that the origin of the albuminuria is either renal, vesical, or vaginal. In by far the greater number of cases, where no retraction can be produced by heat, the albuminuria results from the destruction of blood-corpuscles or tissue-wear. To this class belong the albuminurias observed in lead and mercury-poisoning, where there is no concomitant renal lesion. Those albuminurias, depending on the general state of the health, are transitory; while those symptomatic of renal lesion have a very different prognosis. The non-retractile, transitory albumen is observed in typhoid, erysipelas, pneumonia, pleurisy, and occasionally in rheumatism; moreover, in certain grave cases of chlorosis, in diabetes saccharinus and insipidus, and in polysarca.—*Presse Med. Belge.*

Formulary.

The *Louisville Medical News* gives the following collection of formulæ in its issue of the 29th ult.:

A PROPHYLACTIC LOZENGE AGAINST DIPHTHERIA.

M. Hager (*Le Progrés Medical*) suggests the use of disinfectant lozenges, which are to be held in the mouth and chewed by persons who are necessarily brought in contact with diphtheritic patients. The lozenges may be prepared as follows:

℞ Beeswax..... ℥ v; 20.00 Gm.
Black rosin..... ℥ jss; 6.00 Gm.

Mix and melt by a mild heat and add—

Balsam of tolu... ℥ ijss; 10.00 Gm.;
Aromatic powder. gr. lxxv; 5.00 Gm.
White sugar..... ℥ v; 20.00 Gm.
Benzoic acid..... ℥ ij–ijss; 7–10.00 Gm.

Reduce all to a powder and aromatize with—

Oil of naphtha....gtt. v.
Oil of cinnamon..gtt. x.
Creasote.....gr. vijss-℥ ss; 0.50-2.00 Gm.

Cool and divide the mass into one hundred lozenges. Dose, four or five a day.—*Translated for the L. M. News.*

MEDICAL TREATMENT OF UTERINE FIBROIDS.

Dr. Chéron (*Rev. Med. Chir. des mal. des femmes*) recommends the application of the following:

℞ Ext. digitalis..... 4 parts.
Ext. belladon..... 2 parts.
Lard..... ...40 parts.

Inunctions morning and evening over the abdomen. Use a piece about the size of a small nut. At the same time the following solution is to be taken internally:

℞ Hydrarg. bichlor. gr. ss; 0.03 Gm.
Aquæ.....fl. ℥ x; 300.00 fl. Gm.

A teaspoonful before each meal.—*Translated for the L. M. News from Le Progrés Med.*

CASTOR-OIL POMADE.

℞ Castor oil.....630 parts.
Vaseline .....170 parts.
Yellow wax.....100 parts.

Melt the vaseline and yellow wax together, add the castor oil, and perfume to fancy.—*Pharm Centralh.; New Remedies.*

FOR BITES OF FLEAS AND OTHER PARASITES.

Dr. F. J. Corbould (*British Med. Journal*) recommends as a means of protection against the bites of fleas, bugs, mosquitoes, etc., the application to the skin of a tincture of the pyrethrum roseum, "made with the powder shaken up in eau de Cologne. He thinks this a much more agreeable application than any oil or ointment.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Athletics,—Boating.

This is the season of the year of competitive exhibitions of skill, strength and endurance, and the question of the value of athletics and the extent to which they should be indulged in, again presents itself prominently to the consideration of the medical profession.

The necessity for athletics is attested not only by the history of the race but also by the innate inclination to them as well as the paramount interest which athletic contests arouse in every community. It is a significant fact that such contests, especially when understood to be genuine, draw larger houses than exhibitions of a more intellectual nature, and the fact has been frequently severely commented on. And the audiences on such occasions are by no means confined to the lower orders of society, but are frequently largely composed of the refined and educated, who, it must be admitted, however (such is the fashion in modern society), usually find it necessary to apologise for their presence at such exhibitions. At a recent exhibition in New York one of the largest assemblages ever seen in that city collected, and paid over $12,000 at the ticket office, to witness a glove contest between two noted pugilists. This assemblage, was moreover, largely composed of representative men both in letters and the professions, and of citizens of eminent respectability. It is always thus, and the most grave and reverend seigniors will feel their pulses thrill not only at exhibitions but at the mere recital of feats of strength and activity, even though the usages of society may impel them to restrain their enthusiasm.

It is an anomaly in modern education that physical culture should have sunk to the low estate it has in all our systems. There are signs, however, we believe, of a revival of this important branch of education and the medical profession can do much towards encouraging it, directing it and preserving it from the grave abuses to which it is unquestionably liable. The close relation of mental activity and endurance to physical vigor, and the dependence of the latter on proper physical training and exercice are sufficient to arouse one's indignation at the persistent refusal of our educators to recognize the fact that our children have nothing but brains that require attention and at the systems of education through which these delicate organs are crowded and crammed. It is a much more necessary preparation for the struggle for existence that the child should enter upon the affairs of life with a vigorous and well trained body than with a phenomenal mind, and that system of education which aims at the latter and allows the boy to grow up with a contracted chest, round shoulders, etc., is a burlesque. A gymnasium and a competent teacher of gymnastics and athletics, properly directed to the training of the body into the mould of the highest type of physical beauty, should be an attachment to every comman school.

The great danger of athletics lies in the abuse which is liable to follow their misdirection. The young man should not indulge in them except under intelligent supervision. In the exhuberant spirit and vigor of youth and the laudable desire to excel or to defeat a competitor, he is very apt, and especially when he enters upon a contest without proper preliminary training, to work irremediable mischief. Herein lies the danger of boat racing. The endurance necessary to a long pull can only be secured through a very careful and intelligent preparation, a desideratum which it is to be feared is not always supplied in amateur contests.

It is unfortunate that boating is so liable to abuses for it supplies, as few other forms of exercise do, the essential physical development. There are few muscles of the body, especially in the use of the sliding seat, which it does not call into play, and whose systematic and well regulated action it does not demand:

The iliacus and psoas, and, perhaps, in some slight degree, the sartorius and the tensor fasciæ muscles bring the trunk forwards; the arms are extended by the combined action of the serratus magnus and pectoralis minor, and the forearm is extended by the triceps and the anconeus, extensor muscles of the thigh and the muscles of the calf of the leg being slightly relaxed. The first action of the stroke—that is, the swinging back of the trunk to the upright position—consists in a powerful contraction of the extensor muscles of the leg simultaneous with contraction of the gluteus maximus, which causes the pelvis to sweep round the hip-joint, and by this means the trunk is drawn backwards. The action also sets the sliding seat in motion, which travels forward for a distance of about eighteen inches. The straightening of the trunk is effected by the erector spinæ, and by the action of the trapezius and latissimus dorsi muscles, of which the two latter serve to draw back the shoulder and arm, a movement most important for rowing the stroke thoroughly out. In the meantime the blade of the oar is in the water, but the arms are preparing to bring it out. When the stroke is about two-thirds rowed through the biceps and brachialis anticus muscles commence contracting, and by the time the stroke is rowed out this action has brought

the handle of the oar to the chest. This, too, is a very important part of the stroke, for the "finish" is nearly of equal importance as the "catch." If contraction of the biceps commences too soon, then the stroke is not rowed out; if deferred too late, the contraction is too vehement, and the oar is brought out with a jerk. Whilst the oar is being rowed to the chest, the elbows, by the action of the pectoralis magnus, should be brought well to the sides. Violent contraction of the flexors of the forearm, however, is not desirable, having a tendency to bring the oar out of the water with a jerk. A great advantage, moreover, is gained by bringing the arms sharply and closely to the side at the end of the stroke; it aids the respiratory act. Experiments on the dead body clearly show that when artificial respiration is performed according to Sylvester's method, more air can be forced out of the chest when the arms are brought firmly and closely in contact with the chest walls than when the experimenter is simply contented with raising and depressing them. The stroke is now at an end, and two subsidiary actions have to be performed before its recommencement—the drawing forward the slide, and execution of the feather. The former is almost instantaneously performed by a vigorous and powerful contraction of the hamstring muscles—muscles which before the introduction of the slide were comparatively idle. The slide, therefore, has introduced more work into the stroke, and, indeed, may also be considered to be a third action.

So far the action of the muscles essentially concerned in the performance of the "stroke," have been considered. There are muscles concerned in the supplemental actions—viz., those concerned in the performance of respiration. Seated at the stern of an eight-oar one notices that the frequency of the respiratory act is directly proportional to the quickness of the stroke. At an ordinary paddle the respirations will be about twenty-eight per minute, as compared with the normal frequency, eighteen to twenty, observed when the individuals are taking ordinary walking exercise. On quickening, the respirations increase in frequency, but lose in depth, and at racing pace often amount to thirty-six and thirty-eight per minute. Inspiration is effected in the act of "coming forward," the breath is held during the stroke, and there is a sudden expiration between the conclusion and the commencement of a fresh effort. The full extension of the arms forward of course aids considerably in the expansion of the chest; whilst the abdominal muscles contract in order to steady the contents of that cavity, and prevent their undue propulsion downwards by the descent of the diaphragm. Expiration is effected chiefly by the recoil of these forces, the tension being heightened by the breath being held during the stroke, and also by the action of the internal intercostal muscles, whose action in cases of extraordinary respiratory effort is about one-fourth more powerful than that of the external intercostals, the muscles of inspiration. Expiration too, as we have already stated, is materially aided by bringing the arms well in contact with the side at the end of the stroke. Particular attention should be paid to these points, for unless the chest be well inflated the muscles attached to its walls will not act to the full extent of their power. The trunk will be bent instead of erect, the stroke will not be rowed out, and instead of the oar being brought to the chest the body will fall forward to meet it. This condition will be observed in weak crews, in those who are urged to row a quick stroke early in the period of training, before their respirarory powers are developed, and in some individuals of a well-trained crew, after a long and close-contested race, which has entailed a succession of severe spurts. Trainers, therefore, should always be careful to regulate the rapidity of stroke to the respiratory power of the crew under their care.

Our contemporary, the Philadelphia *Medical News*, thus fittingly details some of the dangers of athletics:

"Last week we alluded, in terms of the highest praise, to the recent popularity of athletic, and especially of summer, sports. But there is another side to the question. 'Nothing venture, nothing have,' saith the old proverb, or, transposing it, the having implies a venturing. Every climb means peril of a broken limb; every swim the possibility of drowning; every ride may become a runaway.

Many games involve actual danger, only to be avoided by an alertness the result of long practice and by suitable precautions. Witness the mask of the base-ball catcher and the fencer, the gloves of the boxer, the button on the foil. But strength only comes from perils faced and mastered. The "milk-sop" may neither break his bones nor his neck, but his physical as well as his mental flabbiness involve passive dangers less heroic and less apparent than those of the athlete, but not the less certain and, it may be, deadly.

But the dangers from blows and falls are patent to every one, and must be, as it were, anticipated and provided against by those engaging in such sports. We wish now to raise anew a warning voice as to less apparent dangers—dangers, in fact, unknown save to the physician.

One source of evil we alluded to but lately—that of heat exhaustion. The season for out-door sports is the hot season. The boat races, the cricket or the base-ball matches are in the broiling sun, and if brief, as in rowing, are fierce and impetuous to the last degree; if long, as in ball and cricket, hours may be spent in the heat, and the better the player the longer he is at the bat. But it is often in the previous training, or rather over-training, that the danger lies. The college man, accustomed to only moderate exercise and to ordinary food, suddenly undertakes long walks, swift runs, and repeated rows; restricts and alters his ordinary food; changes more or less his habits as to sleep and tobacco, and, it may be, other stimulants—changes which, though in themselves good, are none the less disturbances of his ordinary equilibrium—loses fat and gets down to "fighting weight." To most men such a course of training means vigorous health; but every now and then either a man goes to the extreme and overdoes it or lacks the ordinary toughness of fibre, and in the final short but sharp struggle he becomes exhausted and faints in his place or when the trial is over.

But there are other dangers still. Train as one will, no practice ever equals the race in the excitement and the intense exertion of the competition;

a running mate is needed even to make Goldsmith Maid do her best. Each time and especially at the race, with the exertion comes the need for more blood sent quickly to all parts of the muscular system The heart must do more work, and do it suddenly and effectively. With the growing biceps the cardiac muscle grows too, and enlargement of the heart, sometimes even acute in its onset, is not an uncommon result; or, if the heart responds but imperfectly to the oft-repeated and prolonged demand, the form of irritable heart, so well described by Da Costa, in soldiers, will often set in.

But the mischief does not stop even here. With increased blood supply the lungs must be overstrained to receive and oxygenate the blood so suddenly thrown upon them, and also by the mechanical effects of the violent respiration. Under the sudden or continued pressure the delicate air cells not seldom give way and emphysema results. In the fierce struggle at forty-six strokes to the minute, what wonder that the race is lost and with it not rarely the possibility of a brilliant future for one or more young lives.

Women are certainly less apt to suffer from vigorous sports than men; yet not a few overdo. A young girl at school or engaged in home duties and leading a semi-sedentary life for six days in the week, on a Saturday will walk five or ten miles; or spend an entire afternoon at tennis or croquet. It is the same disproportion that does harm. If every day she walked three to five miles, the ten would do no harm. Physical development must come gradually and not spasmodically. The first days of a summer's holiday in the mountains do not give the strength for climbing, that will come in time. *Petit à petit* was the motto of the French knight, at the foot of a mountain with his pick-axe. Particularly do girls and often women harm themselves by overexertion at the menstrual period, and especially of course in winter. Modesty forbids the true excuse, candor rejects a false one, and off they go with aching backs and throbbing heads as merry as the merriest; walking, running, skating, exposed to dampness, and cold, and fatigue, when they should be at rest, warm and dry. Health should be had at the cost of any pleasure, and a sister of Scheherazade surely can always find or make a valid excuse."

These dangers can only be effectually guarded against by making athletics and gymnastics a part of the regular system of education, and regarding them as essential to the attainment of the highest types of physical development.

Miscellany.

Cholera Infantum.—The *Eclectic Medical Journal* gives the following which we submit by way of variety:

These are the days of "summer complaints," and whatever may have been or may be said about peptics or peptones, astringents or liver persuaders, the modern small dose of direct medicine will give the greatest success. The remedies to be thought of are—ipecac, euphorbia hypericifolia, aconite, nux, and quinine inunction. Not that other remedies may not be occasionally indicated, as rhus, belladonna, gelseminum, etc., but the ones named will meet the larger number of cases.

It is my impression that euphorbia will be the best remedy this summer, and as there is usually a small frequent pulse, the prescription will read—℞ Tinct. aconite gtt. iij., Tinct euphorbia gtt. x. to xv., water ℥ iv.; a teaspoonful every hour or two hours.

Ipecac with aconite is the common prescription, and can hardly be improved in many cases. The ipecac is especially useful when the stomach is irritable and there is nausea with fever. If one is looking for peptics even (peptones infantilis), he will be more likely to find it in ipecac than in "pepsin" or "ingluvin," though it hasn't nearly so much stink about it.

When the child has nausea, vomiting, with a relaxed and pallid skin, pallid mucous membrane, coldness of the extremities, nux is indicated. Sometimes I administer it with ipecac, and sometimes alternate it with aconite and ipecac. Two or three drops to the ℥ iv. of water serves my purpose better than the larger dose.

Quinine inunction is a standard remedy in many cases. Sometimes it will be indicated by an obscure periodicity, sometimes by a feeble circulation, and sometimes by a feeble skin. Quinine outside, in my experience, is much better than quinine inside.

The extreme restlessness, starting in sleep, shrill cry, contraction about the eyes, evident pain in the head, is met with rhus. It is an admirable remedy, and the indications should not be overlooked.

An occasional case may want a trituration of podophyllin, or podophyllin with hydrastia. Occasionally a very minute dose of colycynth will relieve pain and check diarrhœa, and rarely a timely dose of Fowler's solution proves a good thing.

This is the way I practice medicine, and probably I have seen as many cases as any one you can name. When I say it is a success, I have not only the testimony of twenty years' use, but also that of hundreds of practitioners from whom I have heard.

"Diagnosis Wanted"—Dyspareunia.—Dr. J. B. Sullivan, Stanton, Mich., sends the following by way of suggestion to Dr. F. A. Weaver: The above appeared from the pen of Dr. F. A. Weaver, Chester, Michigan, in the Michigan Medical News, of Aug. 10, 1882.

Could not that state of your patient arise from "dyspareunia?" However disagreeable this may be to the patient, it does exist, and has produced nearly the identical symptoms. In these cases too much is kept a secret from their medical advisor, notwithstanding we may with the utmost caution approach that subject.

Whenever dyspareunia does exist it is sure to affect the whole nervous system, which will bring on a train different ailments which may baffle the skill of some eminent physician. It leaves the patient exhausted, and in a state of nervousness which will in time affect the brain, and why not the sight, as in Dr. Weavers patient? Destroy the reciprocity of the union, and marriage is but a

sensual usurpation. Taking this condition; dyspareunia, as a symptom of disordered function, the medical attendant will be astonished, by a direct examination of the organs involved. He will find a wide field of pathological inquiry, associated with it, and after months of careful treatment he will see that his patient is no better, unless dyspareunia is removed, and full and complete marriage relations are indulged in. Thousands are having their health ruined in the same way; yet through their ignorance they continue to persevere in that which will destroy their vitality and sooner or later they will fill premature groves. Malformation will sometimes cause dyspareunia, but the prevailing cause is a desire to not become pregnant, by the fraudulent onesided expedient of withdrawal at the height of the organism. Such a practice brings on shattered health, and a train of localized ailments must follow.

Dyspareunia in the female is perhaps the most absolute of all the indications of local malformation or disease. It calls the most imperatively for local examination as to its cause. In its milder forms it may make the patient's life a course of physical and mental wretchedness; in its severe forms it virtually unsexes her; and in any form it may and often does lead to the most disastrous social calamities. First, a desire not to become pregnant: hence the sexual congress not fully complete, and when they sin as Onan sinned, they will sooner or later become objects of pity, to say nothing of chastisement. Dr. Weaver has given a sad history; the history of a woman whose health is shattered, whose mind may yet verge upon insanity, and in my opinion she may herself be the one the most to be condemned for the deplorable situation her physician has found her in.

Medical Certificates to Medicinal Compounds.—The following interesting communication has been received from Dr. J. B. Book, of this city. Inasmuch as there are others whose names appear in the pamphlet to which he refers, we withhold comment that these gentlemen may have further opportunity to be heard from:

"Will you permit me the use of the columns of the News to correct an impression which may have obtained in connection with a pamphlet on bromidia and iodia which is being circulated in this city, which pamphlet contains certificates from me and a number of other physicians to the value of these compounds. I desire to state that the publication of my certificate and its distribution in this manner is a breach of confidence, and an abuse of the purpose alleged by the agent on the occasion of his call on me to solicit said certificate. It was expressly understood that it was for the sole purpose of enabling the agent to secure the attention to the article of such of my fellow practitioners as he should call on—a sort of private letter of introduction, as it were,—and I am much chagrined at seeing it paraded before the public in the manner indicated. I gave the sample of the compound left with me to a patient, and found it to answer the puopose which might be expected from such a combination of ingredients, familiar to every physician, and which might, of course, be as well put up by any prescription druggist; but I was not aware at the time that my druggist would render himself liable to any action for damages had he compounded this mixture on my prescription. Had I been thus aware I should most decidedly not have lent the gentleman an ear, and much less have given him the certificate which he has thus abused.

I am decidedly opposed to the secrecy which protects preparations of this class, and am indignantly so to the methods which the manufacturers of such nostrums have, as illustrated in the case in question, of pressing physicians into service as their drummers.

This little experience will, I assure you, make me very cautious in these matters in the future."

Effects of Smoking on the Heart.—Cases of intermittent pulse have often been observed, in which the cause was unquestionably the use of tobacco, the difficulty disappearing in almost every instance where the habit was abandoned. The *Sanitary News*, under the head of "Danger Signals," presents the following interesting facts on this subject:

"Some years ago M. Decaisne drew attention to the fact that tobacco smoking often causes an intermittent pulse. Out of eighty-one great smokers examined, twenty-three presented an intermittent pulse, independent of any cardiac lesion. This intermittency disappeared when the habit of smoking was abandoned. He also studied the effects of smoking on children from nine to fifteen years of age, and found that it undoubtedly caused palpitation, intermittent pulse and chloroanæmia. The children, furthermore, became dull, lazy, and predisposed to alcoholic drinks. Recently he reported to the Société d'hygiene (*Gazette Obstétricale*) the results of his observations on the effects of smoking on women. Since 1865 he has met with and observed forty-three female smokers. Most of them suffered from disturbances of menstruation and digestion, and eight presented very marked intermittency of the pulse without any lesion of the heart. He gave detailed accounts of these eight cases, in which all treatment directed against the intermittency proved utterly useless, while the suppression of tobacco was invariably followed by improvement and very often by complete disappearance of the phenomenon."

Boiled Milk in the Summer Complaint of Infants.—H. V. Sweringen, M. D., Fort Wayne, Ind., protests thus in the *Cincinnati Lancet and Clinic* against boiled milk for children: I was very much surprised to notice in a late number of a leading medical journal an editorial in which boiled milk is recommended as an article of diet in the summer diarrhœas of children. I know it has from

time immemorial been the custom among mothers, grandmothers and nurses to stuff babes with boiled milk as a curative measure in this complaint, and that not a few physicians were following their example, but I had no idea that this treatment had been accepted by the profession, although I do not now remember of ever having seen any objection raised against it.

From about the first of July to the last of August, annually, I am obliged to repeat daily, and some days very frequently, my objections to this practice, and in some cases its mere stoppage was sufficient to effect a cure.

Milk contains albumen; boiling coagulates that albumen: What is harder to digest than coagulated albumen? The quality of pepsin is tested by the amount of coagulated albumen a given quantity will dissolve. You might as well feed your babe on cheese and hard boiled eggs; these articles will, like boiled milk, check for a time a diarrhœa, by reason of their difficult digestion, but that very difficulty of digestion will, sooner or later, produce a diarrhœa or increase one already existing. Give the babes milk and plenty of it, but do not boil it.

Morell-Mackenzie's Nutritive Enema.—After a long experience in the London hospital, the Professor concludes that the following is the best formula:

Cooked beef, mutton or chicken,	110	grams.
Sweetbreads	50	"
Fat	20	"
Cognac	7	"
Water	75	"

These different substances when thoroughly mixed, melt down to about 260 grams. The meat, sweetbreads and the fats may be passed through a very fine sieve and the whole mixed with the water, after the fashion of making a thick paste.

The enema should be administered at a temperature of 32 to 35 Centigrade (90 –95 F.), and it should be administered only twice in twenty-four hours.

The rectum should be washed two or three times a week with tepid water, three or four hours previous to administering the nutritive enema.

A Common Mistake Concerning Chloride of Potassium.—It is well known that chlorate of potassium is a very good remedy to gargle the throat with, but comparatively few physicians are aware of the fact that it is not this remedy which is so successful in mercurial stomatitis, but chloride of potassium.

Prof. Wertheim draws the attention of physicians especially to this fact (*Wiener Med. Blätter*, 15, 1882). He reminds them that the formula of the first is $KClO_2$, but that of the second KCl. He says that the chlorate should never be used, as in concentrated solution it may even prove very harmful; while the chloride is very innocent; a specific in sore throat, and especially in mercurial sore mouth, and very analogous to common salt, which is simply a chloride of sodium, instead of potassium. In America the chlorate is commonly used; no wonder, therefore, that it is not found here as efficient as in France and Germany, where they use the chloride.

The *North American Review* for September has for its leading article a very forcible presentment, by Dorman B. Eaton, of the evils produced by the practice of levying "Political Assessments." "Oaths in Legal Proceedings," by Judge Edward A. Thomas, is a discussion of the question whether the interests of morality and of public justice alike, would not be promoted by the abrogation of all laws requiring testimony to be given under the sanction of an oath. Thompson B. Maury, late of the Signal Office, contributes an articles on "Tornadoes and their Causes," which, in addition to its scientific interest, possesses the merit of suggesting many practical measures for averting disaster to life and property from wind-storms. "Architecture in America," by Clarence Cook. Augustus G. Cobb writes of "Earth-Burial and Cremation," and J. F. Manning on "The Geneva Award and the Ship-Owners."

The Clinton (N. Y.) County Medical Society has declared in favor of the new code adopted by the State Medical Society. The Tompkins County Medical Society has also taken this stand. Of the thirty counties thus far heard from twenty-eight have repudiated the new code and two have endorsed it.

The Japanese, the Yankees of the East, have now six medical journals in their own language.

Prof. William H. Mussey, M. D., of Cincinnati, died of apoplexy on the 1st inst.

Bartholow's Practice is being translated into the Chinese language.

Original Articles.

Small-Pox.

BY J. J. MULHERON, M. D., DETROIT, MICH.

The recent, and, indeed, still existing epidemic of small-pox in the Northwest, has vested this subject with a practical interest and importance which has not been attached to it for many years. The fact too that in the present prevalence of the disease it has extended beyond the spring months, through the summer months, and that in spite of the near approach of the autumn new cases are constantly developing, would seem to make it imperative that the medical profession should make it a special object of study against its probable renewed and possibly more violent outbreak during the coming winter. As a rule the disease has entirely disappeared from the community before the middle of July and the fact

that there are communities in which it extensively prevails and in which new cases are developing at this time (the middle of August) cannot but give rise to serious apprehensions.

There are probably few diseases the literature on which is more extensive than on the subject of small-pox, few diseases have been more critically and exhaustively studied, and yet there are few which are less thoroughly understood by the general practitioner—few in the diagnosis of which errors are more frequently made. This latter fact has been very conspicuously brought to my notice during the past two months at two points in this state, separated from each other by a considerable distance, whither I was summoned by the local authorities to diagnose cases in dispute by the resident physicians. At each place I found cases of confluent variola in the suppurative stage which, strange as it may appear, were maintained by some of the gentlemen to be cases of varicella. At another place in this state, a few years ago, an alarming endemic of small-pox, with many fatal cases, was strenuously and in eloquently written papers, maintained by a very scholarly gentleman, to be black measles. In each of these instances the errors were committed by reputable physicians whose qualities as practitioners command the respect both of the community and of the profession. A careful inquiry among the physicians who were in attendance on the more recent cases referred to revealed the fact that those who had erred in their diagnosis had not had any previous experience in small-pox, notwithstanding the additional fact that some of them had been engaged in practice for upwards of fifteen and twenty years. Doubtless there are some among those who may read this article who have similarly erred in their diagnosis of the first case of variola which developed in their practice. These facts are, it seems to me, a sufficient excuse, in spite of the great amount of existing literature, for a paper calculated rather to arouse the attention of the profession to this disease, and to touch on the more salient points of its nature, diagnosis and treatment, than to enter into any exhaustive consideration of it.

It fell to me in the spring of 1877, during which season this city experienced the greatest visitation of variola in the period of its history, to be on service at the small-pox hospital, or pest house, under the charge of those noble women, the Sisters of Charity. The disease was especially prevalent and fatal during the month of May of that year, and an exceptional opportunity was thus afforded for its study.

In lieu of entering into the history of this loathsome disease or discussing its antiquity, I would refer to a case which, in so far as my knowledge of the literature of the subject extends, has never been described as a case of small-pox, and which, if it were a case of this disease, is the most ancient on record. I refer to the case of Job. It is the general opinion, among syphilographers at least, that this much afflicted exemplar of patience suffered from syphilis. A careful study of Holy Writ will, however, show many points of resemblance between the good man's sufferings and symptoms of small-pox: "So went Satan forth from the presence of the Lord, and smote Job with sore boils from the sole of his foot unto his crown (suppurative stage). And he took him a potsherd to scrape himself withal" (desquamative). "My flesh is clothed with worms and clods of dust; my skin is broken and become loathsome." The fact that Job was smitten so shortly after the interview of Satan with the Lord would preclude the idea of syphilis, for it is well known that it takes months from the time of the appearance of the primary sore to the development of the tertiary stage. The fact, moreover, that Job lived to be one hundred and forty years of age, and that after he had undergone all his trials and tribulations, there were borne unto him seven sons and three daughters who presented no evidences of hereditary taint, it being especially recorded of the daughters that "in all the land were no women found so fair as the daughters of Job," would militate against the theory of syphilis, and more particularly since it is tolerably certain that the therapeutics of that disease were very defective, it being in fact before the introduction of mercury or iodide of potassium into the materia medica.

[This view of Job's disease is submitted, somewhat parenthetically, for the purpose of relieving this good man from the aspersions which Dr. Gross and other modern writers have thrown on his memory.]

There is no period of life, nor sex, nor social condition, nor hygienic precaution, nor previous condition of health, which affords exemption from small-pox. There may possibly be individuals who are insusceptible to its contagion, but their number is extremely limited. Nor does the disease confine itself to those having an independent existence for the infant in utero, notwithstanding the non-vascular connection between it and its mother, is liable to be attacked by it. It is an error fraught with much mischief and one which the physician should strenuously combat, that the disease is the result of filth and that the person who keeps his system in good condition is not liable to it. Essential as cleanliness and correct habits are under all circumstances, they do not ensure immunity from small-pox, and such as depend upon these (and many do) are leaning on a broken reed. I have met many who have insisted on relying on these to the exclusion of the only known protective, vaccination. The first case which occurred in this city in 1877 was in a gentleman of exemplary personal habits and whose wealth secured to him the most approved hygienic surroundings. It was extremely difficult, moreover, to trace his exposure.

Small-pox is a typical contagious disease. It is the outcome of none of the causes or combination of causes which may generate other zymotic affections.

its virus is *sui generis*, and is perpetuated only in the living body. More than this is not positively known of its nature. There is considerable diversity of opinion regarding the stage of the disease during which it is liable or most liable to be communicated and I might fill this number of the NEWS with opinions on this important practical question. A somewhat careful study of the literature of the subject, superadded to my own observations on this point, has convinced me that there is no stage of the disease in which it may not be communicated. But while this is the case, the contagion is incomparably most active during the suppurative stage. A case demonstrating the possibility of communicating small-pox before suppuration occurred in my private practice. A young man had been exposed to the disease during a temporary absence from home. On the week after his return he was taken with the usual prodromata, and immediately on the appearance of papules I had him removed to the small-pox hospital. There were at the time no other cases of small-pox in that section of the city, while the strict isolation which I enforced from the beginning forbade the possibility of other exposure, and yet in the usual time after the removal of the young man two other members of the family were seized with varioloid. I believe this to have been an unusual case, but yet it serves to show the danger which would lie in trusting absolutely to the non-contagiousness of the disease before the development of the pustular stage. Facts, however, seem to be very convincing that the virus resides peculiarly in the local lesion and that it is steadily intensified from the first appearance of the papule up to the completion of pustular stage. That the contagium is communicable by the breath of the patient is doubtful, and experiments with the secretions of variolous patients with a view to propagating the disease through them have been negative of results.

The peculiar odor of small-pox is due to the eruption, and the sense of smell must be very active, approaching indeed even to the imaginative, which can detect this odor before the appearance of the eruption. I am aware that there are those who claim to detect small-pox by this sign before the eruption, but I am inclined to take such claims *cum grano salis*. The odor is due to putrefactive changes in the pustules, and is caused by the entrance of the emanations from these pustules into the nasal orifice. It is, moreover, not an essential symptom, and cases of small-pox may develop and run their full course without the devolopment of an odor appreciable to the ordinary nose.

The time intervening between the exposure of the individual and the first appearance of the disease varies, as a rule, from ten to fourteen days, although in exceptional cases the period of incubation is shorter, and well authenticated cases are on record in which it was as short as five days.

The initial stage intervenes between the period of incubation and the appearance of the eruption. The duration of this stage is variable, being short in mild cases, and increasing in length, as a rule, in direct ratio to the severity of the attack. Three days may be regarded as its average length. It is generally ushered in with a rigor or repeated chills of less severity. These rigors or chills are usually accompanied or followed by nausea and vomiting, and diarrhœa may also occur, especially in very severe cases, the latter, however, not being as common a symptom as the former. During the initial stage the fever runs very high, reaching 103° or 104° Fahr. on the first day and going as high as 105° or even 106° on the second day. The fever continues high until the eruption appears, when there is a fall. Throughout the initial stage headache is a most constant symptom. It is usually confined to the frontal region, although it may be referable to the whole head. It is generally of a very violent nature, occasioning at times excruciating agony. The face is flushed and there is violent pulsation of carotids, the headache being aggravated with each pulsation. Backache is also a very constant symptom of this stage, although it is not so constant as the headache. It is more intense as the disease is more severe. It is generally confined to the lumbar region, although it occasionally extends also to the dorsal and sacral regions.

The initial stage is very apt to be confounded with an attack of bilious remittent, and in the absence of any history of exposure the error is most natural.

Following the initial stage we have the stage of eruption, and here it is that the skill of the medical attendant is put to the test. It is now that a demand is made on his knowledge, skill and tact. Comparatively easy as it is for one experienced in small-pox to make a differential diagnosis at this stage, and especially with the history of the case before him, it is one of the most trying positions in which the physician who has not seen previous cases can be placed when confronted with such an eruption, and especially when the case is the first which has occurred in the community. The situation demands much tact, and it is a very unwise thing to give a positive opinion until the papules have fully formed. The prudent practitioner will always leave a way open for retreat, and he will avail himself of it just as soon as possible. Consistency is a jewel which cannot be too highly prized, but it is to be feared that it has led the physician into difficulties in the matter of diagnosing the exanthemata. It has forced him to persist in his diagnosis of chicken-pox even after the case has gone on to suppuration in the confluent variety of small-pox. The practitioner too frequently believes that the community expects him to be infallible, and that his diagnosis should never be erroneous. Consistency is much to be commended, but it is a much nobler act to boldly acknowledge an error, and besides it is less mortifying to "about face" of one's own will than to be obliged to do so by the logic of events. This latter moralizing may, however, seem somewhat irrelevant to the bulk of my readers; but there are communities in this state in which the force of them and their

relevancy may be conceded. In these communities the original diagnosis by some was made very early as chicken-pox, and this was persisted in, and we believe largely through an impression of the necessity of being consistent, in spite of umbilication, pustulation and even death.

There should be no confounding of chicken-pox and small-pox even in its mildest manifestation, with the history of the case before the physician. Varicella is a disease of childhood, and is so rare in adult life that when it occurs after puberty it may (excuse the bull), be safely put down as small-pox in ninety-nine cases in a hundred. I have never seen a case in an adult, and a somewhat extensive inquiry among my professional brethren has failed to elicit a report of a case which did not turn out to be variola. In varicella if there be a prodromal stage it is so slight that it escapes attention and is only recalled by the parent on the appearance of the eruption. The eruption is vesicular almost from the beginning, differing in this respect markedly from small-pox in which disease the vesicle does not form until after the third day of the eruption. The varicella vesicles are not umbilicated and vary much in size, being found all the way from that of a pin head to that of a silver dime or even a quarter, differing in both of these respects from the vesicles of variola While the vesicle of chicken-pox may contain a few pus cells its contents never assume the thick creamy purulent aspect of small-pox. Varicella vesicles are discrete and it is a rare thing for even two or three of them to coalesce, while they never present the appearance of a solid mass, which obtains in confluent small-pox. Any eruption which may appear prior to the appearance of the vesicle in chicken-pox has no characteristics to distinguish it, while in small-pox the papule in its earliest stage has a hard shot-like feel which to the practiced touch is well nigh pathognomonic. The eruption of varicella disappears in from three to five days while in small-pox suppuration is not completed until the ninth day of the eruption and crusts do not commence to fall before the twelfth day. These points in the differential diagnosis will usually be found sufficient to lead any one open to conviction to a correct opinion regarding any case in point. They are very elementary in their nature but I have thought it necessary to give them even though their enumeration may make this portion of my article read something like a primer.

Variola, however, sometimes takes on an anomalous form, and may occur without the characteristic eruption. I have seen cases in families in which small-pox occurred in which there were all the prodromal symptoms but no eruption, and I verily believe that I have had *variola sine eruptione* in my own person, having experienced all the symptoms so characteristic of the prodromal stage, in the usual time after very extensive exposure. The variation from the standard which gives rise to most danger is the purpuric form of small-pox. In this variety neither pustules nor papules present. The appearance of the patient is that which obtains in purpura hæmorrhagica, the surface of the body presenting ecchymosed spots of variable shapes and sizes. It is the most fatal form of the disease, recovery from it rarely, if ever, occurring. It is apparently due to the surcharging of a very susceptible system with the variola contagium, which causes a degeneracy which results in death before the papules have time to form. One such case has come under my care, and others have occurred in this community. The following report of additional cases was kindly furnished me by Dr. C. C. Yemans, of this city.

"Cases of variola sine eruptione do now and then occur, and not being recognized become centers of variolous contagion. Purpura hemorrhagica, also *sine eruptionis*, has occurred, as I think, in different localities under the name "black measles," with very grave results to the community, for while no eruption was discernible, the contagium was active, producing variola and death.

"I recall a case coming under my observation in 1873, during an epidemic of small-pox within the House of Correction, at which institution I was at that time acting surgeon. I have not now the record of the case, and so make a memoriter statement: A male prisoner, æt. about 45, presented himself with fever, white furred tongue, nausea, pain in back, and, in short, all the subjective symptoms of a severe attack of variola. His suffering appeared to be intense, but no eruption appeared so far as I could discern. I ordered him taken to a cell and an attendant placed with him. His symptoms increased in severity, and at my evening call I found a well marked case of purpura hemorrhagica, with hæmaturia. At this time his sufferings were intense, and I was not able to afford him any relief. The hemorrhagic condition was general over the entire cutaneous surface and the mucous surfaces as well. He had, in short, changed color beyond recognition. The patient lived but twenty-four hours more and died in great agony. I carefully inspected the body, *post mortem*, but found no eruption of any kind. For prudential reasons I held no autopsy. There being many cases of variola in hospital at this time, I could make no observation regarding its contagiousness.

"A similar case was reported from Harper Hospital, some years since, with unhappy results.

"I was called to a rural town, some years since, where I found several cases of variola resulting, as I think, from a case of variola sine eruptione, with purpura hemorrhagica. The case was reported to me by a friend whom I know to be careful in diagnosis, and by him called "black measles," which diagnosis might have passed as correct but for the unfortunate results.

"Purpura hemorrhagica may result from one of several pathological conditions, and so the differential diagnosis becomes difficult, if not impossible. I have seen it in children who had not had variola. I cannot, therefore, think one censurable who fails to

recognize variola purpura hemorrhagica where there is no history of exposure to small-pox. If the contagium of small-pox exists only in the pustule, and then becomes communicable at a certain stage of development of said pustule only, whence the contagium from these cases which are peculiarly noxious?"

Treatment.—There is no specific treatment of this disease except it be vaccination, and this is prophylactic, rather than curative. That vaccinia is a prophylactic against variola, is, it seems to me, one of the most demonstrable facts in medicine. The operation of vaccination has, however, suffered much defamation through its imperfect or its improper performance. It is in the first place necessary to avoid the risk of communicating other diseases than vaccinia, and to this end the virus must be procured directly from the animal. In the second place, it is necessary to thoroughly *vaccinize* the patient. A person may be vaccinated and yet not be vaccinized. To be certain that insusceptibility to variola has been secured, it is necessary to ensure insusceptibility to vaccinia. A single vaccination is not always sufficient to do this, and no person should be pronounced "protected" before he has been vaccinated until the virus fails to cause a sore. It is not an infrequent thing for a second and even a third vaccination, performed within a period of three months to, give rise to a more or less characteristic sore, thus showing that the susceptibility has not been exhausted by the first vaccination. I am of the opinion that if bovine virus were alone employed and pains taken to secure vaccinization, as suggested by Dr. Warlamont, the enemies of vaccination would find their guns effectually spiked.

Vaccination may, however, be also resorted to in the therapeutics of variola. I believe, and the belief is founded on experience, that performed in the prodromal stage it materially modifies the severity of the disease.

In the absence of any specific medication, the disease must be treated on general principles, and the indications are to lower the temperature and to support the system against the exhaustion of the disease. I have had no experience with the sulphide of calcium, which has been suggested, because of its almost specific influence in suppurative diseases.

To lower the temperature I have relied on aconite, and after the onset of the pustular stage of eruption it has been my custom to put the patient on a mixture of liquor ammonii acetatis and the muriate tincture of iron. Dieting is of paramount importance and must not be neglected. Milk is to be preferred.

I have never tried it, but the idea of keeping the patient immersed in a tepid bath until the crust has been shed, has much in it which, from a theoretical point of view, would commend it. In extensive burns the bath has proven very serviceable, and the possibility of keeping the patient immersed for a month or more without deleterious consequences has been fully demonstrated.

I have found no method or device of much value in preventing pitting. There are cases in which no procedure will prevent it.

An Obstetrical Phenomenon—Crying of the Fœtus in Utero.

BY A. HARLOW, M. D., DETROIT, MICH.

The following case is sufficiently striking, I think, to warrant its publication, even at the risk of having my veracity called in question by doubting Thomases:

The lady to whom I was called moved in the humbler walks of life, and was about forty years of age and in her fifth confinement, eleven years having intervened since giving birth to her fourth child. I would state for reasons that may be apparent to the reader before closing this note, that another physician, one of high respectability and standing, had been previously called, but prior engagements preventing his attendance in time, I was summoned in his stead. Soon after my arrival, finding her pains rapidly increasing in severity and frequency, in the absence of all female assistance, I helped my patient upon her seat, and from digital examination found the waters just gathering, and after one or two additional pains the membrane broke and the amniotic fluid quite flooded the bed. I had no difficulty in satisfactorily diagnosing the position, which I found to be a vertix presentation of the sixth variety, according to Baudelocque. Immediately after I had thus satisfied myself as to the nature and character of the presentation and before the labor had further progressed, and while the head was yet engaged in the superior strait, the child made two distinct audible screams that could be plainly heard in any part of the room. When this cry was first heard I was alone with the sick woman, and being greatly surprised at what I heard, gently passed my hand up the vagina and found the head still in the superior strait. Immediately following this cry of the fœtus there was another free discharge of amniotic fluid. During the space of an hour or more before the arrival of female help to assist me, I made several ineffectual attempts to disengage the head from its fixed position, that it might be forced down the passage by the same uterine contractions that were regularly taking place, but with all my efforts and the assistance of nature, did not succeed in getting any descent of the head, and during this time the child had several spells of crying, the same as was heard at first, the tone and voice being unmistakably that of a child. Two or three elderly women coming in to sympathize and assist, as is usual on such occasions, I made little or no further attempts for one or two hours, of hurrying on the labor. Satisfied there was no danger in the case, I did little but watch and wait for a time, to see what rest and nature would do where art and officiousness had apparently failed. During this apparent lull the pains did not entirely cease; and generally following each one the child would cry as before. At the first cry

after the arrival of female help, one old lady exclaimed in her joy, "La me! the child is born." "No, madam, the child is not born." "You don't say, doctor, that the child is not born, and crying, too?" "Yes, madam, it has had spells ever since my arrival the same as you have just heard." "Dear me," was the exclamation of the good woman, and as soon as she could take a long breath, said, "and is not that strange?" and as a mark of the good dame's veneration settled the matter by declaring that "with God there is nothing impossible." Waiting as long as I felt it justifiable for the ineffectual contractions to disengage the head from its impacted position, I applied the forceps, and with suitable traction, accompanied with one or two good pains, delivered the woman of a large female child.

I saw my patient next day, and found her very comfortable and apparently doing well; her pulse was normal, no unusual heat or tenderness across abdomen, and was free from all pain. Finding her alone on this my second visit, and in a mood and condition for conversation, I took occasion to investigate her more fully relative to this curious phenomenon. She told me "the child first commenced crying four weeks before it was born, and kept it up at intervals till its birth, since which time it has not cried at all." This lady declared and persisted that she went four weeks over her regular time; that at the proper period for the birth of the child it commenced crying and kicking, as though, to use her own language, "it would come right through her ribs." At first, she said, she was greatly surprised and alarmed, but as this peculiar freak of nature continued without producing any particularly alarming symptoms, she became so accustomed to its frequent repetition that her alarm vanished. After many thanks from my patient for bringing her so safely through her perilous condition, I left after prescribing her favorite opening medicine, which she informed me on such occasions was castor oil, a little to be taken that evening at 9 o'clock, and if need be repeated next morning.

The following day I called according to promise, expecting to dismiss my patient from further medical attendance as intimated the day before; but to my surprise on calling according to appointment, found another doctor present, an occurrence, whether agreeable or otherwise, not altogether unknown to the medical profession. I learned that the woman had taken the oil as I directed the night before. About one o'clock A. M. she was taken with pain in her stomach and claiming there was no messenger at hand who know where I could be found in the night, sent for the gentleman I found present at his second visit. I was told that the woman had not only had no operation from the oil, but that medicine had been given to prevent any movement of the bowels. Without expressing myself pleased or displeased at the course taken, I left the patient in the hands of the physician first called, who could not attend in time to render relief. And now, having no criticisms to make or animosity to gratify, I will only add that the lady died the next day. The child is living and doing well.

Deeming the above case an anomaly in obstetrical practice, having been an accoucheur for forty-six years without ever having met with one like it before, I have thought best to make a brief but truthful statement of the leading facts and circumstances.

To any doubting the facts stated, I can only say that I have reported my case accurately and truthfully in every particular, which I know to be so from personal knowledge.

[We have only to add by way of comment on the above that Dr. Harlow is well known to the profession of this city, and unless he was himself greatly deceived, which he assures us was impossible under the circumstances, we have here a case which is, we believe, usually regarded as an impossible occurrence. Those who know Dr. Harlow will certainly not call his veracity into question.—Ed.]

Selections.

Irrigation of the Colon.—As we are now getting into that season when diseases of the intestines carry off the greatest number of victims, I desire to call attention to a method of treating inflammations of the colon, which has never—as far as I know—been at all generally adopted or even understood in this country; although it is not uncommonly practised in Europe. It is not difficult or dangerous; on the contrary, it is simple and easy to carry out, and it cannot possibly do harm. The method was called by Dr. Alois Monti, of Vienna, whom I saw practice it often in 1876 and 1877, "irrigation of the large intestine."

It is carried out in the following manner: The patient being placed on the side, or back, or with the belly downwards, and the pelvis a little elevated, a large, moderately flexible catheter, if for an infant or a child—or a stomach tube, if for an adult—is inserted into the rectum. To this is attached, by a tube, a reservoir of water,* the height of which can be varied as may be required.

The water is now allowed to flow from a height of about two feet until the rectum is distended; meanwhile the end of the catheter or tube in the rectum is pressed gently but steadily upward toward the left iliac fossa. Very soon it will be found that the water has opened out the folds of the bowel and straightened the curves, so that the tube finds its way beyond the sigmoid flexure and into the descending colon. Unless the operator be very unskilful it may now be pushed gently on, the flow of water continuing without interruption, until it reaches the left hypochondrium, when the transverse colon becomes the descending.

The flow of water is now to be continued until the whole colon, all the way to the cæcum, has been gently distended; the operator assuring himself of this by the amount of fluid used, and by palpation and percussion. The tube is now withdrawn and the operation is complete.

*A fountain syringe or any of its substitutes serves this purpose well.

The fluid remains in the bowel a variable length of time. Sometimes it begins to come away in a few minutes: but it sometimes remains a half an hour or more.

This method I have seen used by Monti, for various inflammatory disorders of the large intestine, as well as to cause expulsion of worms and flatus; and I have myself used it a number of times with results calculated to give me great faith in its usefulness.

The most striking case, I now recall, occurred in 1878, when I was summoned in the night to an infant a few months old, whom I found screaming and struggling with the pains of acute colitis. I took it on my knee, had cool water and a fountain syringe brought, attached the silver catheter from my pocket case, oiled it and slipped it first into the rectum and then up to the bend of the colon, and allowed about a pint and a half of water to flow in at that point. As the water filled the bowel the child's struggles and cries ceased, and it actually went to sleep before I was done, and only waked when the water began to be discharged.

Such striking results cannot be considered the rule, of course: but there can be no doubt that so complete a lavement must be of advantage in soothing the angry lining of the bowel and diluting and bringing away both the cause and the products of irritation.

To fill in the outlines of the method a little, I will add that in general the fluid used should be cool, not cold, water. It is rarely necessary to use astringents. When they are desired, the best is alum, in a one or two per cent. solution, with perhaps a few drops of laudanum added. The irrigations may be frequently repeated; and, in cases that do not get well promptly, various temperatures may be tried—from 70° or 80° to 40° Fahr.—depending on circumstances.

The amount of fluid to be used varies with the age of the patient. It should always be enough to fill the entire colon. An unweaned infant may require more than two pints, an adult several quarts.

No real syringe should be used if hydrostatic pressure can be obtained; though, if this is not to be had, I have found the syringe, carefully and slowly used, will serve very well.

Thus far I have referred mainly to such intestinal troubles as are most frequent in summer. The method is, I think, invaluable in all inflammatory affections of the colon, from diarrhœa to dysentery, and useful—for reasons which I can not go into now—in inflammation of the small intestine also.

Before leaving the subject, I want to speak of another use which I learned by experience last winter. I was called into the country to see a child about two years old, whom I found in convulsions. The use of revulsives had been tried without effect. I could get nothing into its mouth to produce vomiting or catharsis. The means at hand were very limited. I was satisfied from the history that the convulsions were due to irritating ingesta. I concluded to see if they were in the colon. So I took my silver catheter, attached it to a syringe, passed it through the anus, distended the rectum, pushed the catheter up till I could feel it through the abdominal wall, just below the left costal cartilage, and filled the whole colon with warm water, in which a little soap had been stirred. After about three minutes, the water came away and brought a mass of undigested and indigestible stuff that was quite sufficient to cause the trouble. The convulsions stopped, and the child got quite well.

From this case, I think, a useful hint may be gathered, and I am sure I shall repeat my experiment the next time I have to treat a case of convulsions due to intestinal irritation.

I recall attention to this method because I think it too valuable to be allowed to be forgotten; and I hope that it may prove a helpful adjunct to our other therapeutic resources against intestinal disorders.—Dr. Dulles, in *Med. News*.

Some Practical Points in the Treatment of Hæmoptysis.—In bringing forward, in a brief manner, some practical points in relation to this question, I will, for the convenience of the first part of my object, divide cases of hæmoptysis into three kinds; first, the slight; second, the copious; and third, what may be termed the explosive.

In the slight form, the basis of the sputum is composed of mucus, which is stained more or less deeply with blood, the bleeding vessel being of small size. The most successful remedy for this form is ergot.

In the second or copious variety, the expectoration consists of pure blood, the quantity of which may vary up to a very large amount; and the bleeding ceases gradually until the attack is over. Here, again, the most successful remedy is ergot, and, indeed it is in this kind of hæmoptysis that ergot is especially efficacious. In order to prove efficient in hæmoptysis, however, ergot must be given boldly. One teaspoonful of the liquid extract is a suitable dose, and it may be ordered every half hour, hour, or two hours, according to the urgency of the case. If it is doing good, it is a mistake to leave it off before the sputa are bloodless, although the intervals between the doses will be lengthened as the hemorrhage abates. In a few of these cases, ergot will fail, not in many, but now and then. If seven or eight doses be ineffectual, it is best to abandon it. The next remedy worthy of confidence is gallic acid, which it is necessary to give freely, in doses of fifteen to twenty grains, at intervals the same as in the case of ergot. Should there be tedious delay in the final clearing up of small traces of blood from the sputa, an acid mixture with quinine is usually effectual; or, if very obstinate, ipecacuanha, in twenty-minim doses of the wine pushed to slight nausea, will generally remove them.

In the third or explosive variety of hæmoptysis, the attacks are profuse, sudden in their onset, all at once ceasing, often for many hours, then abruptly breaking out again. There is no gradual subsidence. The lesion is probably a rupture of some aneurismal sac in the wall of a cavity. Now it is in these cases that ergot is hardly ever of much use. In my experience, the best remedy is turpentine internally, with cold applications over the chest. Three half-drachm doses of oil of turpentine may be given, half an hour apart; or, if care be taken to follow it with castor oil, even more than three. When the turpentine is left off, it is well to follow up closely with a mixture of gallic and aromatic sulphuric acids, sulphate of magnesia and quinine. It is particularly in this type of case that digitalis is often useful for calming vascular excitement. As the patient often make blood very rapidly, the free use of aperients ought to be enjoined.

Nothing would be easier than to quote a long string of remedies for hæmoptysis, but my present object is to leave prominently on the mind one or two that can be relied upon, and to indicate their

spheres of usefulness. Nor is it necessary to dwell on certain instructions which apply to all forms of blood-spitting. Constipation must not go unrelieved, and is best treated by salines. A quick pulse must be steadied by digitalis, of which perhaps the most handy form is the digitaline granule of Homolle and Quevenne. Cough is to be soothed; the simpler the mode of accomplishing this the better, but it must be done; and nothing answers better for this than a chloroform pad laid over the sternum.

Speaking in a general way, and not alluding to hæmoptysis of cardiac origin; I hold that we should keep before our minds the advisability of stopping all blood-spitting in phthisis without delay. To this rule perhaps, there are two exceptions. The first is trivial. It is that dirty-red, slimy, bad smelling never abundant expectoration which hysterical women with phthisis often exhibit at the bottom of their spittoons; this may left to itself. The other exception is a serious one; it comprises those forms of hæmoptysis, usually copious and angry, occurring in advanced and very chronic cases where there is a considerable amount of fibroid induration. In such patients, notable dyspnœa on exertion has for a long time past been a prominent symptom, and respiration has been maintained by a very small extent of lung-substance. These cases are open to a special danger—that of fatal embolism in the right chambers of the heart or pulmonary artery. Not uncommonly, the course followed is for the bleeding gradually to abate in quantity, remaining, nevertheless, of the same angry red; then urgent dyspnœa suddenly set in, and death takes place within forty-eight hours. These are cases calling for extremely careful treatment. Can it be right, where only a small surface is available for respiratory function, to contract those few vessels with ergot? Or can it be good practice to pass styptic medicines into a patient's circulation when his cachectic state, his low vitality, and perhaps some febrile movement, render him especially liable to the formation of thrombi? It is wisest to limit ourselves to external applications, chloroform pads, dry cupping, sinapisms at a distance or other derivative treatment, with appropriate general management.

Perhaps I may be allowed to conclude with two cautions, commonplace as they may seem, but both of them the outcome of bedside experience. One is, to have some responsible person in attendance, night and day, on all cases of severe bleeding, till the attack has completely passed away. Death in hæmoptysis is generally sudden, and it is very appalling to discover too late the consequence of omitting this precaution. The other is, to decline positively to examine a patient's chest while there is any hæmoptysis. Irrespectively of the danger of the process, an opinion arrived at by auscultating a chest during or immediately after a bleeding is not a reliable one.—Jas. M. Williamson, M. D., in *British Medical Journal.*

Cholera Infantum.—The advent of warm weather is invariably accompanied by a frequent recurrence of the name of this summer scourge of infancy and early childhood upon our city bills of mortality, and the evidence furnished by these periodical reports, tells a tale of weary watching and anxious suspense, succeeded, alas, too often by blasted hopes and domestic desolation, in many elegant and luxurious homes all over this favored land.

It would not be appropriate, in this place, to enter into a full consideration of the diseased conditions embraced within the scope of this elastic and pliable term; but we feel justified in inviting attention, very briefly and of necessity very imperfectly, to some of the more important features of this subject, as they appear to us.

Divested of all complications and sheared of all subsequent manifestations, the disorder under review may be reduced at the outset, in the vast majority of cases, at least, to a simple diarrhœa—a simple catarrhal condition of the gastro-intestinal tract—occasioned in most instances, according to our belief, by the ingesta—by improper food, that is, food which for the child, is indigestible and which consequently remains undigested—a source of constant irritation—a cause of grave disease.

It should be borne in mind that the alimentary canal and the other digestive organs of infants are in a rudimentary or imperfectly developed state, hence the absurdity and the actual danger of expecting them to appropriate in the first year or two of life, even some of the blandest articles of diet habitually employed without detriment by adults.

That many substances, not infrequently used as food for infants are not only totally unfit for purposes of nutrition in them, but by their very presence set up a disordered action and are positively injurious, cannot be denied. This kind of ingesta not only fails to supply needed nourishment, but acting as a foreign body may excite and maintain a severe irritation of the stomach and bowels; and thus is taken the first step in the series of phenomena constituting cholera infantum, so-called.

Undoubtedly children are often predisposed to this class of disorders by their surroundings and circumstances—by conditions that serve to depress the nervous energy and to diminish the nervous power. But in many, possibly in most, of these cases this diminution of nervous force may be successfully met by lessening the tax daily put upon the digestive organs and by lightening the strain daily placed upon the digestive processes; and thus a direct exciting cause may be removed and a remote and far-reaching cause—starvation, and still further reduction of the nervous force—averted.

If the character and quality of the food suitable for young children is of such vital importance, it surely becomes us to consider the whole question calmly, thoroughly and without prejudice.

In seeking an appropriate, a physiological food adapted to the requirements of infantile life, we certainly can find no safer, no surer guide than nature.

Following the lead of this pilot, we discover that milk—mother's milk—is provided by nature for the sustenance of human offspring during the earlier perioas of its existence, and further that it is the food best suited to its necessities and to its devolopment—possessing all the elements necessary to sustain and nourish the body.

In those unfortunate cases where this form of nourishment, from choice or necessity, is withheld, the plain line of duty lies in the direction of procuring an acceptable substitute. This substitute will not be found in any farinaceous preparation or in any of the numerous "infants' foods" that flood the market and curse the country, urged upon an innocent and uninformed public by enterprising manufacturers and interested individuals, aided, unhappily, not infrequently, by the implied or expressed endorsement of reputable medical practitioners. But it can be found in cows' milk. Cows' milk properly selected and properly prepared will meet the demand, as nothing short of human milk will.

A great deal, it should be distinctly understood,

everything, indeed, depends upon the fidelity exhibited in the selection of milk, and in its preparation; but it is a matter of such great inportance as to call for the most studious and intelligent attention to every detail of its procurement, preparation and administration. Of course, no invariable rule can be laid down to govern the extent of dilution to which the milk should be subjected; this, and other details of its preparation depend upon the age, the physical condition and the degree of development of the child, and should be determined by a competent adviser in each individual case.

If, after the exercise of due care and caution and the oberservance of rigid dietary and hygienic rules, a tendency to diarrhœa should be noted, it is not, under these circumstances, good practice to rely upon opiates and astringents to relieve the sign of the derangement, but the catarrhal symptoms should be accepted as evidence of an enfeebled digestion. The milk should then be diluted beyond the standard adopted in health, and thereby rendered more easy of digestion, and aids to the digestion should be given. The medication, if any should be required, should be directed, not to the arrest of a symptom of the disorder merely, but toward removal of the cause. The object should be not to obscure the signal of danger displayed as a warning by nature, or to arrest the effort of nature to lay off the unnatural burden, but toward rendering the food easier of absorption and assimilation and toward stimulating the digestive system to increased functional activity.

We do not hesitate to express the conviction that faithful adherence to the principles herein declared and to the plan herein imperfectly sketched will realize great advantages over the too prevapractices of the present day, and that the use, as a constant diet, of a physiological food, or, in its unavoidable absence, of the nearest approach thereto that art can supply by a proper and exact preparation of the milk of a well chosen cow, so that its several constituent elements shall be made to conform as nearly as possible to the proportions found in human milk, and skillfully adjusted to the requirements of the individual child, will, in a single year, turn aside much sorrow and reserve for future usefulness the lives of many little victims of a preventable but fearfully fatal disease. —*Atlanta Medical Register.*

Physiological Activity of Super-oxidized Molecules.—Dr. Charles A. Cameron (*Lancet*) has experimented with the bromates and iodates, and has come to the conclusion that they are more active physiological agents than the corresponding iodides and bromides. The researches of Gamgee, Priestly, Larmuth and others have shown that unsaturated molecules have a higher physiological potency than saturated mo ecules, especially those containing the same kind of atoms. Carbon monoxide is more poisonous that carbon dioxide; the former has but two of the four bonds of its carbon atom saturated, while in carbon dioxide the four bonds of the carbon atom are saturated by the four bonds of the two oxygen atoms. The pyrophosphates and metaphosphates have unsaturated nuclei and are poisonous, while other phosphates which are saturated compounds are nearly inert, provided their bases are so. The author could not accept as established Rabuteau's theory, that the physiological activity of the elements was proportionate to atomic weight.

The author considered that the high physiological activity of the bromates and iodates might be due to the super oxidized condition of their molecules. The term super oxidation is no doubt open to objection; but there is no better one to explain the condition of molecules containing more oxygen atoms than are necessary to saturate the bonds of the other atoms present in them. In potassium iodide we have a salt composed of two nomad elements—K—I, and therefore, according to the doctrine of atomicity, it is a saturated compound. When four atoms of oxygen are added to K—I we have six oxygen bonds in excess of the number requisite to saturate the iodine and potassium.

More than a year ago he introduced two new compounds—namely, iodate of quinine and bromate of quinine. They have been so largely prescribed in Dublin that one firm alone, Messrs. Graham & Co., have sold more than a cwt. of the iodate, in the form of a granulated effervescing compound, each drachm of which conta ns two grains of iodate of quinine (a dose). The iodate has been found a valuable remedy in sciataca, severe articular pain which had resisted the action of the drugs which generally afford relief in gouty and rheumatic affections, malarious enlargement of the spleen, sluggish forms of pulmonary congestion, and in secondary syphilitic disease.

Iodate of quinine is prepared by neutralizing freshly precipitated quinine hydrate, with a solution of iodic acid in eight parts of water. The temperature may be raised to 100° F. Dried at a temperature of 100°, it loses no further water by being kept in vacuo over sulphuric acid. It therefore, prepared in this way, contains no water combined. The mean of several analyses showed that it contained 22 per cent. of iodine; it is, therefore, composed of a molecule of iodic acid and one of quinine; C_{20} H_{24} O_2 N_2 HIO_3. The theoretical proportion of iodine would be 22.92 per cent; but the salt was faintly alkaline, showing that there was a trace of free quinine. The iodate dissolves in 700 parts of water, and is freely soluble in spirits of wine, less so in ether and alcohol. Hydrochloric, acetic, and most other acids dissolve it, forming colorless solutions. If strong sulphuric acid be allowed to drop on quinine bromate, a detonation occurs, a puff of black smoke is given off, and the compound is completely decomposed. On quinine iodate the strongest sulphuric acid produces merely a change from a white to a very light yellow color; and the addition of water forms a colorless solution. At 100° Centigrade, quinine iodate undergoes slight decomposition.

A brief reference to an iodate of quinine is made by Serullas, but of bromate of quinine no account could be found in the books or journals. It may be prepared by precipitating barium bromate by sulphate of quinine, and evaporating the solution separated from the barium sulphate, also by neutralizing bromic acid solution with quinine It occurs in milky, minute needles, very soluble in water, spirit of wine, and dilute acids, except nitric acid. It is fully as active in its physiological effects as the iodate. It may be prescribed as a mixture, in pills, or in the granular effervescing mixture of the Pharmac pœia. It is soluble in 250 parts of water. Soon after the administration of the iodate of quinine, iodic and hydriodic acids appear in the urine. The quinine also appears, but arrives somewhat later.—*Medical and Surgical Reporter.*

On the Local Treatment of Carbuncle by the Moist Sponge Dressing and Counter-Irritation.—Carbuncle is always a formidable disease. Even in successful cases the system is generally kept weak and depressed, owing to the severe drain it has borne, and the protracted treatment by the

ordinary methods in use. The general treatment must be adapted to the circumstances of individual cases, but for the purpose of arresting the local inflammating and removing the slough, which is characteristic of the disease, various methods have been pursued.

Heat and moisture, by softening the tissues, hastens suppuration and relieves tension and pain. The sponge dressing is admirably suited for furnishing these conditions; and as I have employed it with the result of speedily removing the disorganized tissues and subduing the carbunculous inflammation in a remarkably short period of time in many very grave cases, I feel justified in calling attention to its use.

A soft sponge, large enough to embrace the entire surface of a carbuncle, should be applied by a bandage firm enough to exert gentle and uniform pressure directly upon the inflamed part. Small slits or openings should be cut in the bandage, so as to readily admit of a warm liquid being poured into the sponge from time to time. The peculiar suction power of the sponge, which the moist state augments, rapidly removes the suppuration as it occurs. The pressure prevents undue infiltration and relieves the tension, and consequently the pain, which is often a most distressing feature of the affection. The compressibility and elasticity of sponge admits of the nicest adjustment, so that any desired degree of pressure may be exercised. This is important in cases where the carbuncle has not yet developed the characteristic slough, for very often the determination may be aborted by uniform pressure. The dressing should be removed, when suppuration is established, twice a day, and the sponge thoroughly washed out and reapplied.

At each change the sponge will be found to contain all the discharges, so that the condition of the parts can be clearly seen. Generally the slough will detach itself within a few days, and be found adherent to the sponge upon its removal, leaving a free granulating ulcer in its place.

The tendency to spread, which many carbuncles manifest at certain stages, is due to the intensity of the inflammation and the profuse infiltration into the tissues, which destroys the barrier of lymph Nature ordinarily throws out to check the progress of the disease. In order to prevent this I have been in the habit of applying a solution of nitrate of silver or iodine liniment, in a circle around the carbuncle, as a counter-irritant. I will instance one case out of many. An old woman, over eighty years of age, was admitted into my ward at the Philadelphia Hospital, with a carbuncle the size of a saucer on the back of her neck. She was greatly enfeebled and suffering severely. The tissues were indurated, angry, and livid. There was no discharge, although the surface was cribriform, having many openings through which the slough was visible.

A zone of iodine paint was applied about the swelling, and a large, soft, moist sponge applied with a four-tailed sling. Openings were made so as to keep the sponge mois with warm carbolic lotion (1-30), and a small shot bag adjusted so as to exert considerable pressure. Within an hour the pain was relieved and the next day the slough was loosened, the tension being entirely removed. In a fortnight the patient was discharged cured, with a cicatrized surface, showing no perceptible loss of structure. In view of the advanced age of the patient and the extent of the carbunculous inflammation, the result was certainly remarkable.

The usual method of employing poultices to remove the slough is tedious and disagreeable (unless they are frequently changed), and does not admit so readily of exerting pressure, which, as I have attempted to show, exercised so beneficial an effect in preventing infiltration and overcoming tension. The old-fashioned practice of making a crucial incision as a preliminary step in the treatment of carbuncle has been in a great measure abandoned, except on the face or lip, as it neither hastens the cure or lessens the suffering.

The quality of drainage which a sponge possesses comes into value in the treatment of carbuncle, as it has been found to do in all the forms of dressing to which it has been applied.—George McClellan in *Medical Record.*

Hypodermic Administration of Cathartics.—By Dr. A. Hiller, of Berlin, in the *Zeitschrift für Klinische Medecin*, iv., 40.

The author has reviewed the experiments that have heretofore been made in the way of injecting into the subcutaneous connective tissue medicine intended to produce catharsis, and has at the same time somewhat extended the list. He has, for a number of years, upon merely theoretical grounds, expressed his belief in the possibility of producing such effects and has maintained the opinion that it was only a question of time when appropriate remedies would be found for this purpose. But, the discovery of a suitable remedy has until now, evaded all pharmaceutical research, and among all those that have been proposed there is not one that answers all the requirements of a hypodermic cathartic remedy.

Aloin, which has been the most universally used in experiments of this kind gives, according to the manner of administration, a varied action. Hiller observed, after the injection of from fifteen centigrammes to two decigrams, a copious, mushy discharge in from four to six hours after administration. In a brief review of experiments by Kohn, not referred to by the author, aloin was administered subcutaneously in the dose of eight decigrams without producing catharsis.

The colocynthum purum prepared by Merck, of Darmstadt, a light, grayish-yellow powder of a bitter taste, administered internally or subcutaneously in the dose of five to ten milligrams produces watery stools with moderate tormina. A solution in alcohol, glycerine and water is the best adapted to hypodermic medication. The injection is very painful. There is also a resinoid substance called citrullin, extracted from the colocynth fruit, insoluble in water, which when taken internally in the dose of five milligrammes to one centigramme, or if administered hypodermically in the same dose, dissolved in equal parts of alcohol, water and glycerine, will produce the desired effect, but it produces also severe pain accompanied by œdema and redness of the skin. The action of colocynth and citrullin is also manifested by the officinal extract of colocynth. A dose of fifteen milligrammes to six centigrammes injected under the skin produce diarrhœic evacuations, but also pain and œdema.

The substances thus far named, together with a small quantity of fluid produce diarrhœa in from a half to one hour.

Experiments with cathartinic acid from senna show that this remedy, rather freely soluble in water, will produce catharsis if taken internally in the dose of two or three decigrammes dissolved in water and glycerine. Administered subcutaneously, it produces painful inflammations of the skin with a tendency to the formation of sloughs. If, however,

the solution be made alkaline, this effect is not produced, and furthermore, one decigramme will occasion copious evacuations, in eight to twelve hours.

The extract of elaterium, as well as the pure elaterin, is too often ineffective, and frequently it is for other reasons inapplicable.

Leptandrin, a glucocide of leptandra virginiana, internally, in the dose of five decigrammes, gently stimulates peristalsis without producing diarrhœa.

Euonymin, the glucocide of euonymus, atropurpurea internally (one to two decigrammes) acts mildly. In obstinate constipation, a dose of three decigrammes or more will be found effective.

Baptisin, a glucocide of baptisin tinctoria, has to be given internally in the dose of three or four decigrammes to produce mild catharsis in four or six hours.

The three latter remedies have been for a number of years employed in America and their therapeutical value well studied.—*Deutsche Medizinal Zeitung.*—*Cin. Lancet and Clinic.*

Iodoform in Enlarged and Ulcerated Tonsils.—Dr. Henry describes a number of cases of tonsillary hypertrophy and ulceration which he claims to have cured by the use of iodoform in the form of spray. He was thus able to get the local effects of a strong solution, made by dissolving the powder in ten parts of strong sulphuric ether. He says that the value of iodoform is now conceded by all those who have had any experience in its use in this class of affections. The difficulties in depositing it on the surface of the glands have deterred many from adopting it in every-day practice. It must be admitted that on this account it has not met with the universal adoption it really deserves. In powder it is easily deposited over the surface of a wound, or an ethereal solution can be passed over a surface that is exposed to the air; but this is difficult in the case of the tonsils and pharynx, and especially over the posterior portion of the tonsils. To be "done well," and to accomplish the purpose with the least pain and annoyance to the patient, it must be "done quickly," almost instantaneously. The use of very strong, specially-constructed spray-tubes, and the use of compressed air, with a very heavy pressure, appears to be necessary for this purpose. His own apparatus was constructed by Dr. Saas. Three such tubes are essential—one turned downward, one straight, and the third turned upward. With the first the larynx and surrounding lower parts can be treated; with the straight tube the middle part of the throat, pharynx, fauces, palate, and anterior portion of the tonsils can be sprayed. The posterior portion of the tonsils can only be sprayed with the tube with the downward curve. To do this well the patient must be artificially excited at retching. By so doing the tonsils are turned forward and sideways, thus enabling the operator to pass the curved tube behind the posterior portion of the glands. In some this effort at retching is involuntary on the slightest provocation. It can be easily induced by tickling the palate with the end of the tube. The deposit of the iodoform with the apparatus described is almost instantaneous, and is easily controlled, and can be directed to any spot. With the first expiration of air following the withdrawal of the tube, the ether is evaporated and expelled, leaving the iodoform well impressed on the glands and surrounding mucous surfaces. The coating is of a pale yellow color, and with the evaporation of the ether all unpleasant sensation is removed. The slight pungent taste and odor of the eiher passes off entirely with a few fresh respirations and expirations. Care must be taken with the tubes, for they are easily filled up with crystals that are difficult of removal. When the iodoform is first exposed to the action of the ether in the proportion mentioned, it is perfectly soluble. When the ether has been evaporated the remaining iodoform in the tubes crystalizes, and is not again soluble to the same extent.—*New England Medical Monthly.*

Treatment of Acute Dysentery with Aconite.—Dr. Wm. Owens reports 151 cases of acute dysentery occurring in the Convict Hospital, Port Blair, India, which were treated with tincture of aconite; all the cases were typical examples of acute dysentery, and all, with one exception, recovered. He states that he was led to give aconite a trial, as the remedy most likely to be successful, from the following considerations:

1. From its beneficial action in other acute inflammations.
2. From its effect on the capillaries of the skin, which it dilates, thus relieving internal congestion.
3. From its antipyretic action in febrile cases.
4. From its sedative action on the mucous membrane of the stomach and intestines, and its beneficial action in some forms of dyspepsia. In the first case in which he tried this remedy he was somewhat diffident, and he had ten cases in which a combined treatment of ipecac and aconite was used. However, he soon discontinued the ipecac entirely, finding there was no occasion for its use.

Dr. Owen gives one minim every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims in twenty-four hours; this method he finds to be followed by the best results, inasmuch as the action of the medicine is more rapidly established, and an effect on the disease was more quickly produced than by other methods.—*Medical News.*

The Value of Abnormal Respirations as a Sign of Incipient Pulmonary Tuberculosis.—M. Grancher, in a communication to the Société Médicale des Hôpitaux upon the above subject, concludes as follows: In view of the importance of arriving at the earliest possible diagnosis of tuberculosis, great value should be placed upon abnormal respirations. When they are limited to one apex, especially to the left, these abnormal respirations do not alone aid one in making a diagnosis, but are of themselves sufficient to establish it without any modification of sound, and without adventitious signs, crackling râles, etc. These abnormal respirations are, in the order of importance: rude and low-pitched inspiration, interrupted respiration (*respiration saccadée*), and feeble inspiration. These conclusions are not applicable to patients who have previously suffered from general pleurisy, from pneumonia, or from any other grave disease of the lung or pleura. On the contrary, they are of the greatest value in young folks suspected, for some reason or other, to be subject to a tubercular process.—*La Tribune Médicale*, June 25, 1882.—*Medical Record.*

Physiological Action of Boldo.—M. Verne (*Bull. Gén. de Thérap.*) made a sieres of experiments on himself with boldo (the leaves of the *boldea fragrans*, or *peumus boldo*), and came to the following conclusions regarding its action: The essential constituents of boldo, including boldine and some aromatic principles, are eliminated by the urine. Boldo does not influence the circulation, the temp. or the quantity of urine secreted. It augments to a sensible degree the elimination of urea. The author thus places it alongside coca, the action of which on nutrition is similar. He notes also that he has frequently observed, both in himself and others, slight excitement during the first day that the medicine was taken; but this soon disappeared, and not uncommonly patients recovered sleep which they had previously lost, through anæmia or some other cause, which destroyed the equilibrium of the nervous system.—*Glasgow Med. Jour.*, May.

Iodoform in Diabetes.—The last drug introduced into the treatment of diabetes mellitus is iodoform, which Prof. Moleschott, in a recent communication to the Academy of Medicine at Rome, states he has found to be very beneficial in five cases of that disease. The quantity of sugar excreted rapidly diminished in all cases so treated. Small doses are sometimes productive of good results, but as much as forty and fifty centigrammes may be administered daily with impunity. The Professor employs cumarin—the odoriferous principle of the Tonquin bean—to overcome the unpleasant smell of iodoform. He prescribes: Iodoform, 1.0, extract of lettuce, 1.0, cumarin, 0.1; to be made into twenty pills with powdered gum arabic, and to proceed from one pill twice to two pills four times in the twenty-four hours.—*Lancet.*

Formulary.

ACUTE DYSENTERY.

℞ Cupri. sulph.....grs. ss
Magnes. sulph.....℥ i.
Acid sulph. dil.....℥ i.
Aquæ.....℥ iv.
M. Sig. A tablespoonful every four hours.

CHRONIC DIARRHŒA.

℞ Bismuthi subnitrat.....grs v.
Morphiæ sulphat.....grs. 1-12.
M. Sig. This much two or three or more times daily.

CHOLERA MORBUS.

℞ Chloral hydratis.....℥ iij.
Morphiæ sulph.....gr. iv.
Aquæ laur. cerasi.....℥ i.
M. Sig. From 15 to 20 minims hypodermically.

DYSENTERY IN CHILDREN.

The child should have a warm bath and subsequently a bran or linseed poultice should be applied over the abdomen. It is a good plan to make such a poultice with strong decoction of poppies instead of water. If the vomiting will permit of the administration of medicine the following may be given with advantage :

℞ Ol. ricini.....℥ i.
Pulv, acaciæ.....ʒ i.
Syrupi.....℥ i.
Tinct. opii.....min. iv.
Aq. flor. aurant.....℥ vj.
M. Sig. A teaspoonful every four hours for a child one year old. If this be rejected, an enema consisting of half an ounce or less of mucilage or starch with three or four drops of tinct. opii should be carefully injected. Mucilage and chalk mixture with opium in small doses are also useful. Ipecac uanhæ is regarded by some as specific. Fair doses of the powder is the best form to administer. Brandy is of all stimulants the best. Raw meat and strong extract of meat may be given, and milk, arrowroot and rice,

When the more acute symptoms pass away the following may be given :

℞ Liq. ferri pernitrat.....℥ ss.
Acid nit. dil.....℥ ss.
Syrup zingiber.....℥ i.
Aq. anethi.....℥ iii.
M; Sig. ℥ ii. every six hours,

The following prescription is employed by Dr. J. Lewis Smith in the majority of cases of non-inflammatory diarrhœa in children :

℞ Tinct opii deodorat.....gtts xij.
Bismuth. subnitrat.....℥ ii.
Syr. simplic.....℥ ss.
Mustur. cretæ.....℥ iss.
M. Sig, One teaspoonful from three to four hours.—*Medical Gazette.*

ON THE TREATMENT OF PIGMENT SPOTS.

Dr. Unna has treated pigment spots very successfully by his medicated muslin bandages. He cuts pieces of the muslin imbued with white precipitate or mercurial ointment of about the size of the spots which are to be treated, and after having had the skin cleaned with Cologne-water or alcohol they are carefully applied at bedtime. The parts are washed in the morning and covered with a pomade composed of—

℞ Oxide of bismuth.....5 parts.
Kaolin.....5 parts.
Vaseline.....20 to 40 parts.
—*Berlin Klin Woch.; Lond. Pract.*

TO COVER THE ODOR OF IODOFORM.

Dr. Putz of Graefrath, has tried all the recommended means for covering the odor of iodoform, and confines himself now exclusively to oil of mirbane or nitrobenzol, all the others having failed in his hands. Six drops of nitrobenzol are used for every gram of iodoform.—*Pharm. Zeit.; New Remedies.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, SEPTEMBER 11, 1882. No. 17

Editorial.

Extirpation of Pylorus.

This operation has been performed so often by Billroth and his assistants (15 or more times) and others, with such marked success that the general practitioner may begin to consider the question of detection of cases suitable for operation. Every practitioner meets cases of cancer of stomach, but in view of the fact that surgery had not until recently been admitted as one of the therapeutic measures in the treatment of the disease, he has not given much attention to the diagnosis in so far as locating the disease in a particular part of the stomach is concerned. It may not be necessary to limit the disease to the pyloric end of the stomach in order to make a case suitable for the operation of excision of the seat of lesion, but the practitioner contemplating such a surgical procedure should bear in mind that the authorities describe the operation under the name of "extirpation of the pylorus," and that he who excises the cardiac end of the stomach and closes his wound never so carefully or antiseptically and has the—well, misfortune—to lose his patient, will have a sorry time in search of precedents with which to defend his action should it be called in question before the courts.

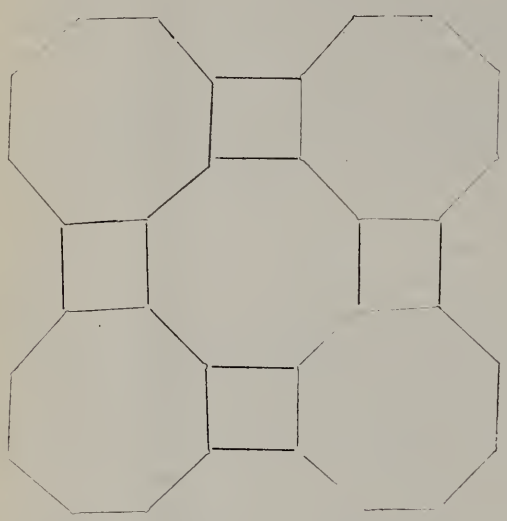
The physiology of the day does not teach that the stomach is essential to life. Numerous experiments go to prove that other portions of the alimentary canal are capable of supplementing and even taking the place of the offices performed by the stomach. These experiments have done so much to show the trivial importance of the stomach that the strict physiological practitioner might nourish those of his gastric patients who have good sound organs of mastication and insalivation by requiring them to chew their food thoroughly and then inject it by force of tongue and cheek through a rubber tube into the rectum. The practitioner, however, before operating on such a principle should recall the fact that it is a principle deduced from theoretical experiments, and not actual trials. The juices collected from the intestinal canal may be capable of digesting albumen or fibrine, etc., in the test tube just as well as the juices from the stomach will do it, but it does not necessarily follow that one may cut away the stomach and have the offices which it is presumed to perform performed by the intestine.

There is a something else to be considered which, at present, is not clearly explained, and that is that numerous warm-blooded animals which have had their stomachs excised and their digestive tracts made whole for the time, by suturing the stumps of the alimentary canal, have died. Aside from the purely deductive points in the case, the practitioner before attempting extirpation of the pylorus or any portion of the *primæ viæ*, should consider the question of feasibility; it may not be practicable to make the duodenum reach the stump of the œsophagus and so unite them with wire or catgut that they will not separate and permit their contents to pass freely into the peritoneal cavity where they might, to be sure, be absorbed and nourish the subject at the same time that they killed him with peritonitis. (Some one has suggested the intra-peritoneal injection of milk and beef tea in the treatment of anæmia.) It is to be hoped that Dr. Billroth and others who advise and perform the operation of excision of the pylorus have made exhaustive experiments upon the lower animals as well as man before authorizing the profession to excise any part of the stomach. If they say excise the pylorus the practitioner must excise that and nothing more until he has satisfied himself by repeated experiments that other portions of the organ may be removed with impunity. As the matter stands now, the nice points are mainly in diagnosis—in being reasonably sure the pylorus only is diseased—in being able to remove all the diseased tissue and unite remaining portions of stomach and duodenum.

First Annual Report of the Board of Health of Detroit.

Our acknowledgements are due Dr. O. W. Wight, our indefatigable health officer, for a copy of this voluminous document. Under ordinary circumstances a report of this nature is a subject of critical examination by the medical journalist, but in the present instance the volume disarms professional criticism by the following, which we quote from among the first sentences in its introduction: "My report has been written in the midst of the toilsome duties of administrative work, in less than thirty consecutive days. It might have been better if more time could have been devoted to its preparation. It is a frank, earnest discourse to citizens on subjects of sanitary importance at home, rather than a scientific discussion of hygienic questions addressed to the learned." Inasmuch as the volume contains 270 pages of octavo size, it will readily be seen that thirty days was a remarkably short time in which to prepare it. This fact, together with the explicit statement that it is not "addressed to the learned," restrains us from a criticism of some portions of it, which, under other circumstances, would furnish good grounds for a discussion. We cannot, however, refrain from a reference to the "Flame Ventilated Hospital," which Dr. Wight proposes for the care of small-pox patients. This

is a central octagon around which are to be constructed four other octagons of the same dimensions as the central one. "There will then be five octagons in the general form of a square. Of necessity, there will be four intermediate spaces, or opposite sides, between four external octagons. A single line will enclose each of these intermediate spaces, making a square of each, the length of which will be the same as the length of the side of the octagon." The following diagram illustrates the idea:



This plan contemplates the running of an iron pipe up through each octagon, in which pipe there is to be kept constantly burning a sufficient "flame of gas or other material" not only to create a current from the wards to the outer air, but also to "consume every particle of contagion in the air of the infected rooms." Such a structure, the health officer informs us, might safely be located even in a populous section. We are not aware that this ingenious device has ever been materialized. We are, however, of the opinion that it would be a commendable one for frigid latitudes, or for this latitude at times when the thermometer persistently marks zero, but we shudder to think of the small-pox patient who should be penned up in such a hospital, with these furnaces blazing all around him, in the late spring or summer months. The amount of flame necessary to create the necessary current and to burn up "the particles of contagion" would, in our opinion, at such seasons, give the poor unfortunate a foretaste of the most orthodox place of everlasting torture.

A considerable portion of the report is devoted to the subject of nuisances, among which are classed the slaughter houses. Dr. Wight urges the removal of all such beyond the city limits, and the construction of an abattoir. Such advice would ordinarily be held to be manifestly very proper, but we would suggest in its stead in the present instance, the construction of slaughter houses after the Flame-Ventilated Octagonal Plan. It would at least have the charm of novelty, and it would be more humane to try the experiment on robust butchers and cattle than on unfortunate small-pox patients.

The sewerage system of Detroit is thoroughly discussed and the lack of ventilation pointed out. This is certainly a grave defect in our sewerage and should be remedied. The danger of relying on the ordinary traps for keeping sewer-gas out of the house is clearly and forcibly demonstrated. The only means of security against sewer-gas is proper ventilation of the sewers.

The ice supply, milk supply and the water supply and the sources of danger to the public health which lie in each of these are all discussed.

On the whole the report, barring that portion recommending the peculiar small-pox hospital referred to, is an admirable one, and well calculated to arouse the people, to whom it is more especially addressed, to a sense of the great importance of the questions which it discusses. It is replete with such quotations from standard authors as have been deemed necessary to emphasize the various points which it makes. Dr. Wight is a very zealous officer, and this report of his first year's work is a commendable showing.

The Prevention of Prostitution.

A copy of the NEWS containing our recent article anent this vexed question, having fallen into the hands of certain estimable laymen of this city, the suggestion which it contains looking toward the least possible recognition of the vice, even with a view to divest it of the evils which are attached to it, has been so severely criticised as to demand from us a few words by way of explanation.

We trust we fully appreciate the arguments of the gentlemen referred to, based as they are exclusively on the moral features of the case. Prostitution is a heinous crime and one which cannot be condoned in consistency with the recognized standard of morality. But while it is equally the duty of the medical with the clerical profession to preserve morality spotless, it is the physician's and the hygienist's peculiar function to have a regard to the physical part of the community.

It is extremely unfortunate that there should be any clash between the hygienist's and the moralist's views on the social evil. It is because of this inevitable clash that prostitution rears its brazen head in our community to-day. It is impossible to completely harmonize the treatment of this evil from a purely hygienic standpoint with the course which must be followed when purely moral considerations dictate the treatment. The latter considerations impel to a complete extirpation of the evil, but, as we endeavored in our last reference to the subject to show, such extirpation is simply impossible under the existing unregenerate state of the masses. We think the latter proposition will scarcely be disputed, even by the clergy. Such, then, being the case, it is manifestly the duty of the hygienist who, as such, has simply to do with facts as they are presented, to render the evil as feebly destructive as possible to the body. The only effectual means of doing this involves a degree of re-

cognition, and the great practical question is, how far can such recognition be harmonized with the moral standard. We submit that it is extremely unfair, if not uncharitable, for the moralist to impute a low standard of morality to the hygienist who, recognizing, as no other class can recognize them, the frightful evils which prostitution entails on present and future generations, ventures to suggest a means of curtailing them. For time out of mind legal repressive measures and moral suasion have been directed toward this evil, and it is an indisputable fact that to-day it is probably of more gigantic proportions than ever before. We submit furthermore that if moralists were slightly less inflexible as to the means which they have so long employed, and were to recognize the hygienist in their treatment of the social evil, a different condition of affairs would in time take the place of the present deplorable condition. "The recognition of prostitution" is an ugly phrase and is naturally abhorrent, and while we would gladly welcome almost any other which would cover the grand end to which it tends, we would not absolutely repudiate it for its unattractiveness.

Medical Certificates to Medicinal Compounds.

The communication from Dr. J. B. Book, of this city, in our last issue, and the reply thereto from Messrs. Battle & Co , in our present number, touch on a spot which has been made quite sore through the irritation to which it has been subjected, particularly during the past year or so. The question as to the ethical propriety of certificates to compounds of the nature of Bromidia and Iodia is very definitely settled in the Code of Ethics, and any discussion thereon must therefore be profitless. What is writ is writ, and the regular physician who takes it upon himself to certify to the value of compounds of the nature indicated takes upon himself the responsibility attached to his so doing. The propriety or the impropriety of the provisions of the code in this point can, as we have intimated on previous occasions, be determined only by the Judicial Council of the American Medical Association.

Dr. Book's note, however, exposes an abuse which the specious plea made by Messrs. Battle & Co. does not palliate or excuse. His certificate was given as one would give a private note of introduction, and when the firm prints and circulates such note without the writer's express permission, it is, to say the least, guilty of a breach of good taste. This is an abuse against which a physician is clearly justified in entering his emphatic protest. We apprehend that many, if not the majority of the numerous certificates in Battle & Co.'s circular were secured with no idea on the part of the certifiers that they were to be thus printed and circulated.

Battle & Co.'s argument that their Bromidia and Iodia stands on the same plane with Squibb's and Parke, Davis & Co.'s preparations, in so far as liability of the druggist is concerned, for substituting other preparations when their's are ordered, is simply bosh. The physician who orders Squibb's chloroform of course expects the chloroform prepared by Squibb, but when he orders chloroform, it is not incumbent on the druggist to give him Squibb's make. He expects when he orders chloroform that his druggist will put up a good article, regardless of the maker. In the case of Bromidia or Iodia, however, it is not necessary to specify Battle & Co.'s, for none but they dare manufacture Bromidia and Iodia under these names. To complete the parallel which they would draw between their preparations and those by Squibb, or Parke, Davis & Co., it would be necessary that nobody beside Squibb dare manufacture chloroform, and that no one beside Parke, Davis & Co. dare manufacture Cascara Cordial. The fact is, that these latter preparations are open to free competition and differ in that regard from Battle & Co.'s preparations.

The question of the ethical right of Battle & Co. to make a simple mixture of well known ingredients and lock it up to themselves by means of a copyrighted name, is one on which we hold our own views, but the discussion of which does not necessarily enter into the question now before the house, viz., the right of a manufacturer to publish medical certificates to the value of a compound without the express understanding with the physician when he gives such certificate that it is for publication.

Miscellany.

Curious Medical Scraps.—Dr. John C. Peters, of New York, sends the *Medical Record* the following curious scraps:

1. Albert Dürer, the great artist, had to endure great griefs, on account of the temper and conduct of his wife Agnes, till he could bear it no longer, and at last was worn down and sunk under them, She now silently did everything to please and comfort him and recompense him for many long years of sorrow, and finally told him in broken sentences that she had, when a little girl, been playing one day in the garden with her little brother Johannes, who had put a small polished stone in his mouth, but finding afterwards a beautiful bird's-nest, and holding in his breath for joy, he choked with the stone. His face became red, he sunk down, kicked with his feet and stared at her with glazed eyes. Agnes ran away in childish fear, and hid herself, without raising any alarm, but her father, on coming home late, and missing the children, went to seek for them, and found Johannes dead in the garden. When they were carrying away little Johannes, Agnes looked sorrowfully from a window in the upper story of the house, and leaning over too far, fell out, striking her head on the pavement, and now made Albert feel the hollow in her head, which was even perceptible to the eye from a slight depression of the hair. She then began also greatly to complain that she did not hear well when the wind blew from the east. It then came to light by

degrees that the wind seemed to her during many fine days and seasons, very often to blow from the east. This was propably a case of pachymeningitis traumatica.

2. The immortal Harvey was a great martyr to the gout, and his method of treating himself was to sit with his legs bare, even if it was frosty weather, on the leads of Cockaine House, where he lived, or to put them in a pail of water till he was almost dead with cold, and then would betake himself to his fire and warm himself. He was also troubled with insomnolency, when he would get up and walk about his chamber in his night-shirt till he was pretty cool, or even until he began to shiver, when he would return to his bed and fall asleep. Finally, on June 3, 1657, he was seized with paralysis, and, as his biographer expresses it, with a dead palsy in his tongue, so that he could not speak. But his intelligence was good, for he distributed presents to his nephews and friends to remember him by. To one he gave the watch which he had used in making his experiments, and to another a different token or gift, and so on, always making signs to one or the other, for he could not speak. This was undoubtedly a case of aphasia.

3. The great Caius, or Kay, or Key, or Dr. John Keyes, died in his sixty-third year, of cancer of the stomach, and before his death was reduced to a state of great bodily weakness, which he attempted to obviate by the use of breast-milk, with funny effects, according to Dr. Mouffet, "for he was peevish and full of frets when he sucked on woman, who was froward of conditions and of bad diet, and contrariwise was amiable, quiet, and well when he nursed from a good and pleasant woman."

4. Linacre died in great agony from the stone, October 20, 1524. He was in the habit of relieving himself with chamomile flowers and parsley roots tied up in a cloth and boiled in water until one-half of the fluid was evaporated. Then the cloth was wrung out and applied hot to the bladder and kidneys, and he drank the warm herb-liquid. In one violent attack the application of the remedy brought away a stone as big as an almond. It is very probable that Bigelow or Keyes would have cured both Linacre and Sydenham, who both died of stone in the bladder.

5. Sydenham contended with the gout from the early age of twenty-five, and in his thirty-sixth year was confined to bed with a very violent attack for months, and in 1676 he began to have stone and gravel, of which he died in 1689, aged sixty-five years. When he began to take care of himself and be attentive to his diet, he drank a dish or two of tea early in the morning, and drove to his patients in his coach till noon, when he returned home and moderately refreshed himself with any sort of meat easy of digestion, and drank somewhat more than one-fourth of a pint of Canary wine, to promote the digestion of food in his stomach, and to drive the gout from his bowels. When he had dined he betook himself to his coach again, and visited his patients, although the symptoms of stone recurred whenever he drove over paved street, though the horses went very gently; and once having walked much he suffered a very severe paroxysm. A draught of small beer served him for a supper, and he took another draught when he was in bed and about to compose himself to sleep.

Medical Legislation.—Dr. W. C. Huntington, of Howell, Mich., contributes the following seasonable suggestions:

As the different legislatures of this state have so often labored over divers bills for the protection of the people against quackery, etc., and those legislatures have failed to appreciate the entire disinterestedness of the profession in the matter and have ascribed sinister motives, and thus said bills have been defeated, would it not be well for the profession to come out flat-footed and demand of the next one something for their own protection? Now, I have an idea which I think the legislature would not refuse to embody in legal enactment, if the profession wished it, and which would, it seems to me, afford to the profession all of the protection that they need, and to the people all that they deserve. This plan is to constitute it a criminal action, punishable by suitable penalties, for any person to assume in any advertisement, upon sign board, professional card, newspaper, or otherwise, any of the titles Professor, Doctor of Laws, Doctor of Divinity, Doctor of Medicine, Doctor of Dental Surgery, or Pharmaceutical Chemist, or any of the commonly accepted abbreviations thereof, unless they have been previously conferred upon the person, in regular manner, by legally constituted authority, such as medical and other regularly chartered colleges. At present the title Dr. is assumed by nearly all of the authors of proprietary medicines, and by ignorant pretenders who do much to bring the practice of medicine into disrepute, besides imposing upon those who are not qualified to judge of their merit, while the title Prof. is largely monopolized by the most enterprising and dangerous class of medical quacks, by dancing masters, trapeze performers, dare-devil æronauts, lion-tamers, wrestlers, and boxing teachers, and thus are these titles degraded and the rights of their rightful owners trespassed upon and thus are they used, by the unscrupulous for the purpose of gaining that confidence and patronage which they could not do without their aid; and by their use are fraudulently passing off empiricism and ignorance and receive pay for truly professional services. Now, is not this kind of action defrauding the people and trespassing upon the rights of the profession to a criminal extent? A person may mix together vinegar and molasses, label it "Elixir Vitæ," or some other pretentious name and get it copyrighted, and the law thoroughly protects him against trespass, but the student may spend years in informing himself, may pass a thorough examination, and receive his degree at

the hands of those who are qualified to judge of his fitness and fully empowered to confer the degree but to find that his title is the common property of those who rob him of the benefits which he has every reason to expect to receive from it. Under such a law as above indicated, if John Simon would announce himself as "John Simon, Physician," the people could readily see that while he professed to practice the healing art, he was not a graduate, and if they employed him it would either be on the strength of an established reputation or they would experiment upon their own responsibility. This would obviate any necessity for a ten years' clause which is usually added to bills for regulating the practice of medicine and which protects the ten-year-old quack equally with the best read and most skilful graduate. It would make no distinction either in favor of or against any sect or method of practice, but would enable each to control the standard of intelligence of its own new membership. It would allow perfect freedom in everything but false pretence, and would it not elevate the standard and dignity of the profession and of education generally?

What Shall we do with Homœopathy?—A correspondent who signs himself "Harvard" sends in the following: There are two ways of dealing with Homœopathy; one (which may be called the manly and honorable way) is to let every fairminded physician of the regular school, as he has opportunity make a careful trial of the most common Homœopathic medicines. Let him select the strong tinctures and the dilutions and give them as full and fair a trial according to Homœopathic text books as he would give to any of the regular medicine. This is one way to deal with Homœopathy and it seems to be the fair way. Until a physician of our order has investigated for himself with patience and care he certainly knows nothing about the action of Homœopathic medicines, and if he knows nothing he should say nothing. But the fools are not all dead yet, and there is a second way of dealing with Homœopathy; and this second way is for a physician who knows nothing to say a good deal. It is easy for such M. D's to demolish Hahnemann and all his foolish tribe with their millpond argument; thus runs the logic:—one drop of the mother tincture of nux vomica or belladonna would medicate a large millpond of water of the strength of the thirtieth dilution, and of course such a medicated millpond can have no effect as a medicine. This reasoning seems plausible but where a physician can buy for twenty-five cents enough of the third or the thirtieth dilutions of nux vomica or belladonna to test the doctrine of Hahnemann in a practical manner *why don't he do it?*

I like the motto of your journal and what is better I like your journal very much. For the busy physician of any school it is one of the best in the country. Your last number (Aug. 25th) is worth a years subscription for the sound judgment of its articles. As a rule the medical journals of the west are better than the eastern journals. There is a directness, fairness and vigor about western medical publications not often found in the east.

I do not allow myself to doubt for a moment that all the medical knowledge and wisdom of the country are to be found in the heads of the regular physicians. Nor can I ever sufficiently admire the skillfull and ingenious ways of judging of the effect and action of the medicines of the different medical schools as practiced by the Dons of the Regnant Order. Thus, Dr. Flint (of the regular school) in a case of dysentery uses castor oil and laudanum for ten days or a fortnight and when the patient recovers don't you see that it was the regular medicine wisely administered which cured the patient?

But when in a similar case of dysentery Dr. Hahnemann uses the third trituration of *mercurius corrosivus* for two days and the patient gets well don't you see how vigorously nature acted in this case since Dr. Braithwaite and Dr. Wesselhœft have demonstrated that there are no particles of medicine in a high trituration.

So, too, in a case of typhoid fever where Dr. Flint uses calomel and quinine and ventilation and wine, etc., etc., for 30 or 40 days and the patient (what there is left of him) recovers don't you see how such skillful treatment cured the sick man?

But when in a similar case Dr. Hughes uses *baptisia* and the patient gets out of doors in four or five days don't you see that the patient couldn't have been sick at all but was shamming disease?

In my practice I use many of the excellent vegetable preparations of your neighbors Parke, Davis & Co., and I wonder sometimes how many if any of their newer medicines were first used by herb doctors and other irregular humbugs, and how many by the wise and sensible physicians of the regular order. I think, but I do not know, that nearly all the important vegetable nedicines which have come into so general use within twenty-five years were first tested and recommended by herb doctors and other irregular practitioners. What live physician now-a-days gets along without aconite, veratrum viride, cascara sagrada, gelsemium, Jamaica dogwood, belladonna, podophyllin, etc., etc.

As to consultations, I am willing to consult with anybody who can help me cure the patient. It is a fact, as everybody knows, that there are in many places irregular doctors of imperfect medical training who can cure two patients while the more regular physician is curing one. Such quacks of course could do better if they had had a thorough training, but for the present we must allow their natural shrewdness and skill to take the place of three courses of lectures and three years with some regular physician. A consultation is for the benefit of the patient and his interests alone should be regarded. If the patient wants a quack let him have a quack and let the regular doctor agree to any treatment which is likely to cure, It is better to save the patient than to save his doctor's dignity.

"Horse Sense" in Diagnosis.—*Texas Siftings:* We commend the following item to such as are often unable to make a diagnosis in apparently obscure cases:

About two miles from town he suddenly checked his horse, gazed intently on the ground, and said: "Some fellow has lost his saddle-horse here this morning."

There was no advertisement on any of the trees offering a reward for a lost horse and as there was no lost horse in sight, we were at a loss to understand how, if a horse was lost, our friend could know so much about it.

The doctor inquired: "How do you know that a horse has been lost?"

"I see his tracks."

"Are there not hundreds of horses pasturing on the prairie, and how do you know that this is not the track of one of them?"

"Because he is shod, and the horses herding on the prairies do not wear shoes."

"How do you know that he is a saddle-horse, and lost?"

"I see a rope track alongside his trail, the horse has a saddle on, and the rope hangs from the horn of the saddle."

"But why may he not be a horse that some one has ridden over this way this morning, and why do you insist that it is lost?"

"Because, if a man had been on his back he would have ridden him on a straight course, but this horse has moved from one side of the road, as he strolled along, and that is a plain sight that he grazed as he went, and that he had no rider."

"After that it would not surprise me," said the doctor, "if you were to tell us the age of the horse and the name of the owner."

"Well, that would not be very hard to do. There are signs that have told me the owner's name, and there are other signs that, if I had time to examine, would tell me his age. I know he is one of old man Pendergrast's horses. Pendergrast has a large bunch of horses down in the bottom, and an old nigger down there does all his shoeing, and shoes no other horses except his. So we know his shoe track just the same as we know his brand."

After this conviction on circumstantial evidence, it would not have seemed extraordinary if the Remnant had given us his opinion of the life and character of our great-grandmothers, drawing his conclusions from an examination of some of our physical peculiarities.

It is wonderful how expert these men become in reading what they call "signs" on the prairie or in woods. No signs escape their practiced eye; all manner of tracks, trails, and marks are to them data on which to base conclusions. The peculiar movement of an animal will indicate the presence of some other animal in the neighborhood. A broken limb of a tree, a crushed weed, the debris around a camp fire, the flight of a buzzard and other such signs, are to the cow-boy and the frontiersman what the sign-boards and advertisements are to the people who live in cities.

The Bills for Attendance on President Garfield.—A Washington dispatch to the Philadelphia *Times*, says that

"Drs. Bliss and Reyburn have at last filed their claims before the Board of Audit, designated by Congress to settle claims for expenses incurred during the illness and death of the late President Garfield. The former desires $25,000 for his services, and the latter $10,000, which, if allowed, would exhaust the amount to be paid for medical attendance. It was originally proposed to appropriate $75,000, to cover all the expenses, but the Senate reduced the amount to $57,500, which was concurred in finally by the House. Of this, $35,000 was to be distributed among the medical attendants, and the remainder among such other claimants as might present satisfactory evidence in support of the demands.

"Before filing his claim before the Board of Audit, Dr. Bliss notified Drs. Agnew and Hamilton that he intended to ask for $25,000, and requested to be informed as to their demands. Neither of the gentlemen has replied, but it is understood that their claims will be for $15,000 each. Dr. Reyburn in his bill claims compensation at the rate of one hundred dollars per day for sixty-seven days, and a like amount for the alternate nights spent at the late President's bedside. Dr. Boynton and Mrs. Edson are not recognized by the attending physicians in any other light than nurses, although Dr. Agnew has requested a decision from the Board, as to whether it will recognize the two attendants as beneficiaries under the head of medical attendance.

"Dr. Bliss, in his statement, tells how the physicians were called into the case. Regarding himself, Dr. Bliss says that he was placed in charge, and was daily and nightly in attendance. The unremitting strain upon mind and body, accompanied by loss of sleep, produced the usual results, and besides losing thirty-eight pounds in weight, the doctor says that the sepsis of the patient was communicated to him, causing secondary abscesses, which lasted for upwards of three months.

"Dr. Bliss further sets forth that, in estimating the value of his services, the degree of responsibility should be considered, for, besides a skilful conduct of the case, he and his assistants were burdened with the hopes and fears of the nation. He had to give up his private practice, and when he resumed it again he was so prostrated as to be able to do but a small part of his usual labor. At the time the President was shot his professional income was $1,500 per month, and the first month he resumed practice after the President's death, his income was but $1,000. He estimates that his services to the President cost him $15 000, and insists that he should not only be reimbursed, but compensated, and that he is entitled to $25,000."

A Singular Phenomenon.—Dr. L. C. Woodman, of Paw Paw, Mich., contributes the following interesting though incredible observation: I have a singular phenomenon in the shape of a young man living here, that I have studied with much interest and I am satisfied that his peculiar power demonstrates that electricity is the nerve force beyond dispute. His name is Wm. Underwood, aged 27 years and his gift is that of generating fire through the medium of his breath assisted by manipulations with his hands. He will take anybody's handkerchief and hold it to his mouth rub it vigorously with his hands while breathing on it and immediately it bursts into flames and burns until consumed. He will strip and rinse out his mouth thoroughly, wash his hands and submit to the most rigid examination to preclude the possibility of any humbug, and then by his breath blown upon any paper or cloth envelop it in flame. He will, when out gunning and without matches desirous of a fire, lie down after collecting dry leaves and by breathing on them start the fire and then coolly take off his wet stockings and dry them. It is impossible to persuade him to do it more than twice in a day and the effort is attendant with the most extreme exhaustion. He will sink into a chair after doing it, and on one occasion after he had set a newspaper on fire as narrated, I placed my hand on his head and discovered his scalp to be violently twitching as if under intense excitement. He will do it anytime, no matter where he is, under any circumstances, and I have repeatedly known of his setting back from the dinner table, taking a swallow of water and by blowing on his napkin at once set it on fire. He is ignorant and says that he first discovered his strange power by inhaling and exhaling on a perfumed handkerchief that suddenly burned while in his hands. It is certainly no humbug, but what is it? Does physiology give a like instance, and if so when?

Medical Certificates.—Messrs. Battle & Co., of St. Louis, write: Will you please allow us to answer Dr. J. B. Book's article in your issue of Aug. 25th? The doctor admits that the compound answered the purpose and that he gave the certificate. He admits also that he gave the certificate to enable our agent to secure the attention of practitioners to the article. Now, as we have *never* sent the pamphlet to *any one* except physicians, and have *never* advertised it in any other way except in medical journals, how is the doctor injured and where is the breach of confidence? The doctor says that he is opposed to the secrecy which protects preparations of this class. Where is the secrecy *in our* preparations? As to his assertions about druggists' being liable to action, etc., is he not aware that a druggist is also liable if *he substitutes his own preparations* when Squibbs' chloroform or Parke, Davis & Co's cascara cordial is prescribed? We make goods only for physicians' prescriptions, and advertise *only* to physicians, and have always conducted our business in an ethical manner, as is shown from the fact that our goods are prescribed by the majority of the physicians in the United States. We protest, therefore, against the effort made to class our goods as unethical simply because we endeavor to protect the physician and the good name of our house.

Rusty Surgical Instruments.—Apropos of this unpardonable practice, which is still occasionally observed even among good surgeons, the *Lancet* says:

In a highly sensational and unduly colored sketch, a writer has described in *Knowledge* a case of ascites, to which, some years ago, he called in "the great master of British surgery, Sir Rusty Poyntz," who, on being requested to tap the patient, produced for the purpose a trocar with dull point, rusty sides, and an ill-fitting canula, and, in spite of protest, insisted on using it, pleading, "It don't signify, you know." We cannot pretend to dispute the bare facts of the case, but we may fearlessly assert that no "master of British surgery," great or small, would to-day be found who would perpetrate such a cruelty. But yet there may be quite room even now for a word of warning as to the importance not only of absolutely clean, but of very sharp-cutting instruments. Where anæsthesia is not employed the amount of pain saved by using a knife of the greatest attainable keenness is very great, while in all cases alike, attention to this particular is one of the requisites of the successful surgeon who would obtain speedy healing of wounds. It is not an unknown thing to see two or even more incisions made before skin is divided, and the result must of necessity be a partially bruised and irregular edge, the healing of which is in exactly that measure interfered with.

National Medical and Sanitary Convention.—A preliminary meeting of the commissioners appointed by the National Public Health Association to arrange for a National Medical and Sanitary Exhibition in 1883, will be held at Indianapolis, Ind., on October 18th prox. The various State Boards of Health are requested to send delegates to this preliminary meeting. This is a very commendable movement, and will contribute immensely to the diffusion of required information on the matters which will engage the attention of the convention, among the people. The results of the holding of sanitary conventions at different points in this State have been highly satisfactory, while the gatherings have themselves been very popular. Michigan was, we believe, the first to inaugurate such conventions in this country, and the success which has attended them justifies the belief that the proposed National Convention and Exhibition next year, will yield important results. It is a movement which it becomes the profession to heartily encourage.

METZ'S BALSAM.—*Weekly Druggists Circular:* Metz's balsam, which is quite popular in some sections of the country, is prepared as follows:

Linseed oil..... Olive oil.....	ää ℥ vj;	180.00 Gm.;
Oil of laurel berries.....	℥ j;	30.00 Gm.;
Turpentine.....	℥ ij;	60.00 Gm.

Melt by a gentle heat and add—

Powd. aloes.....	ʒ ij;	8.00 Gm.;
Powd. verdigris.....	ʒ iij;	12.00 Gm.;
Powd. white vitrol.....	ʒ jss;	6.00 Gm.;

Pour into a bottle and add—

Oil of juniper.....	℥ ss;	15.00 Gm.;
Oil of cloves.....	ʒ j;	4.00 Gm.

Mix by shaking. It is used as a dressing for ulcers, boils, wounds, etc.

COLOR OF NEGRO BLOOD.—Dr. A. G. Smythe, of Baldwyn, Miss., writes: In the NEWS for the 10th of August there is a brief notice touching up a contemporary upon the subject of the color of the blood in the black race. Now, as to whether the modern African and his American descendants are the sons of Ham or of Noachian origin, I will not now discuss. But that there is a difference in the colors of the blood in the white and black races I have long known. In my early practice I had much to do in the treatment of disease in the black race. Phlebotomy was the rage in those days, and I soon saw that there was a noticeable difference in the color of the blood, especially venous blood, which soon led to the discovery that there was the same difference in the muscular tissue of the two races. Flay a body of each race, who were in similar health and condition during life, and compare. Any demonstration will discover the difference upon very slight examination.

The subject has been frequently referred to in conversation amongst the profession in this locality without causing any discussion. Probably well settled by all who have given it any attention.

"DIAGNOSIS WANTED," LACERATION OF CERVIX.—Dr. L. S. Ellis, of Manistee, Mich., has the following to say in reply to Dr. Weaver's request for a diagnosis: I venture to suggest to Dr. F. A. Weaver who wants a diagnosis of a case as detailed on page 229, No. 15, of MEDICAL NEWS, that his patient is suffering from nervous exhaustion; also that the primary lesion causing this present neurasthenia is laceration of the os uteri, that may have occurred at any of her labors. Nearly, if not all, the symptoms detailed may be the sympathetic expression of the local lesion disturbing the nervous system. Headache, disordered digestion, constipated bowels and erratic nervous symptoms are common symptoms of that lesion.

The *Medical Herald* nominates Dr. I. Minis Hayes of the *Medical News* for the editorship of the proposed medical journal to be issued under the auspices of the American Medical Association, and to take the place of the annual report. It declares that its nominee is the only man in the country who possesses all the requisites to the successful editorship of the proposed journal. This is a very generous admission on the part of the editor of the *Herald.* Dr. Hayes is certainly competent to the task, but life is uncertain, and should he die before another competent person is born or raised up what will become of the journal? While there is only one man in the United States who unites all the requisite qualities to this work it should not be undertaken. Let us wait until a new generation is raised up. It may perhaps have more than one man who is able to run a medical journal.

An aged peasant who had advanced small sums of money to the village doctor who had just died leaving nothing but his debts for a legacy, congratulated himself on having had an attack of inflammatory rheumatism two months before. If he hadn't had this attack the loans to the doctor would have been a dead loss. There is a moral in this which some reader may not fail to discover.

A century ago John Hunter divided all skin diseases into three classes: one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria, ergo, quinine is the remedy for all skin eruptions. Q. E. D.

We were delighted with a recent call from Dr. Dunsmoor, of Minneapolis, Minn. The doctor is the Dean and Professor of Surgery in the new medical school, the Minnesota College Hospital, in his city, and reports the prospects of the enterprize as exceedingly encouraging. We are satisfied that if it fails it will not be because it lacks a genial and energetic Dean.

The editor of *Walsh's Retrospect* having started a vaccine farm has found the new calling so successful as to necessitate a temporary suspension of the journal. He promises that he will take it up again in January.

A Chicago professor who, according to the *Peoria Medical Monthly*, discovered the fact that the capillary growth on the mons veneris of each sterile woman is always straight, was somewhat non-plussed on being asked by a student whether curling of the hair would not cure sterility.

The Michigan College of Medicine opened its third regular session on the evening of the 5th inst. The class in attendance at the opening was larger than at any previous opening in the history of the institution. The prospects of the college for the coming session are thus very encouraging.

Pidoux the eminent collaborator of the late Trousseau died at Paris on the 4th inst. He took his first degree in 1835 and had been a member of the Academy of Medicine since 1864. He was also a member of the Legion of Honor, which fact is evidence of his possesion of qualities, possessing which fame could scarcely fail him.

According to Dr. Squibb "St. Jacob's Oil," is a feeble and badly made aconite liniment, consisting mainly of water, ether, alcohol, turpentine and a small proportion of aconite with red coloring matter. Its whole function is to make money for the enterprising merchants who own it, and in this it is by no means a delusion and a snare.

Providence, R. I., is the best vaccinated city in the United States, and as a logical result it is least scourged by small-pox, not a single case having occurred there since 1875.

Spanking the soles of the feet is sometimes effectual after all other means fail, in restoring consciousness lost from the use of alcohol or anæsthetics.

The British troops in Egypt are furnished with ice made by steam ice machines. Every field hospital has its ice box which is filled with fresh ice every day.

Original Articles.

The Aim of Medical Teaching.

[The opening address of the Michigan College of Medicine Regular Session, 1882-3.

BY HAL. C. WYMAN, M. D., PROF. OF PHYSIOLOGY AND HISTOLOGY.

GENTLEMEN: It has been from the earliest times the custom of the Faculty of the Michigan College of Medicine to select one of their number to introduce the course of lectures with appropriate initiatory remarks; and in that respect the college is following in the foot steps of old and renowned institutions. Just why there should be need for such a custom among men banded together and stamped, by the authority of the state and competent to teach the healing art, is more than I, on whom the ceremony falls, can explain. It might have had its origin in the remote past when doctors invoked the gods to aid them in their work; when every prescription commenced with "O Jupiter help us" and then proceeded to relate the various articles to be taken. The ℞, with stroke across its outward curve, which stands at the head of all our prescriptions, an astrological sign invoking the aid of Jupiter, god of the lightning and thunder, to help us take what the doctor sees fit to prescribe, is witness of the times to which I refer. And, when we think about it, we remember that there was a time in the history of medicine when those who professed the art, commenced their course of instruction with an offering, a sacrifice; some one had to die that others might be healed, and I believe the modern introductory lecture has developed out of that ancient custom. In my judgement it is just as useless. It is not what is needed in this day of civilization, in America particularly. I think it was Shakespeare who said, "There is a tide in the affairs of men, which taken at the flood leads on to fortune," and what the American medical student wants (and he is the brightest and quickest student in the world) is to catch the flood of that tide just as quickly as possible. If a faculty has anything to teach he wants to see it taught at once and without circumlocution. He believes that we have the wisest and best government that the sun ever shown upon, that every man when he enters upon the practice of medicine is thrown wholly upon his own resources, that he will get no assistance from the state and that his success lies wholly within himself and those he is called upon to attend. He knows that the American people stand ready to give him trial, and ask not whence he comes; that the struggle in the profession is for the "survival of the fittest," and that the expense is divided between the doctor and his patients, the burden of it with the latter—on the one side money, on the other cripples and death. I mean now, medicine as an American institution in harmony with other American institutions, and embrace in the field all who hold themselves in readiness to alleviate the pangs of suffering flesh,—doctors, quacks, nostrum vendors *et alteres*. It is a singular fact, with which every medical student is acquainted, that the American people manifest no desire to protect themselves from impostors; that they are perfectly willing to submit themselves to anyone who makes pretentions, and never grumble at the expense, notwithstanding its limping and ghastly character. The medical profession have in a few states succeeded by dint of strenuous effort in forcing upon the people laws for the prevention of killing and maiming by incompetent medical practitioners, but all who have had experience with legislatures in trying to get such laws passed know that the people do not desire to be protected, and that it is the inalienable right of every American citizen to exercise the functions of a doctor whenever and wherever he wishes. Such facts have their influence on young men about to enter the profession of medicine, as upon doctors old and wise in practice. They see the obstacles to be overcome and wherein lies the struggle for success.

They know that success means curing the largest possible number of patients irrespective of fees secured or pathies consulted. It is doubtful if laws can be made for the protection of the people against quacks and empirics by individual States which would survive the scrutiny of the supreme courts; and it is a question whether the end and aim of medical art—the prevention and cure of disease would be best conserved by such laws. Take the example of our friends and neighbors across the chain of lakes. Canada is not the paradise of

quacks. She has passed laws regulating the practice of medicine. She requires all practitioners to spend a specified time in medical colleges and to pass a rigorous examination when they leave them. The result is her people are protected against quackery outside of the legitimate profession, and American medical students have learned the lesson. Canadian mortuary statistics may show a smaller number of deaths per thousand. The student traveling over the Grand Trunk or Great Western railways may see fewer maimed and crippled, the result of bad surgery, than are to be seen in this country; but the profession there is poor. The Canadian people do not pay the liberal fees into the coffers of the doctor that are paid in this country, nor do they consult him so often. The streets of Montreal and Toronto are not so generously embellished as the streets of the most trivial American city with the crystal palaces, brilliantly illuminated, which we call drug stores. And why is this? Those who think will understand it. Medical students must comprehend such lessons. The laws prevent legitimate medicine from competing with quackery, consequently there is less parade of sickness and little medical literature circulating among the masses. Self-curable diseases are permitted to recover without being published to the world as examples of the miraculous curative properties of some drug or as instances of the wonderful value of some particular pathy.

Such laws make a great saving of money, to say nothing of the suffering which is prevented; but they do not make a good country for the practice of medicine. The people are too well satisfied with nature's efforts, manifest little or no concern and only consult the doctor when sick.

If their newspapers and literature were filled with beautiful stories about catarrh, indigestion, weaknesses and liver complaint; if their art depicted on canvas or enduring marble for the admiration of the masses, the pearly teeth, the straight and stout œsophagus, the easy swelling voluminous lines of the stomach, and the undulating curves and cavernous recesses of the whole alimentary canal; if it draped a Venus with a pad, a plaster, or an electrical device; if their doctors found time to stand upon the street corners and rouse the people to a sense of their infirmities; if anything was done to give medicine what we Americans call a "boom," to make people think themselves sick, the only effect of which is to defraud and entrap the unwary, what fortunes might the doctors earn; what magnificent drug stores might be found on every corner.

But there are persons who believe that it is not best to keep people in the dark concerning medical matters; who believe that the restriction on the practice of medicine in Canada does not develop and bring to the front the best possible skill in the art of curing; that the want of competition makes men lazy and indifferent, and consequently many suffer who might be healed.

In this country, however, the medical student need not expect to triumph by some one's laziness. So long as the people are satisfied with the present state of affairs his struggle for success will be with the ignorant and the vicious. Laziness cannot enter as a factor in the problem. In a "free-for-all" the jockey's lash keeps the lazy horse out of the race entirely.

The observer of medicine as an American institution is not always pessimistic. He sees in the struggle a combat between St. George and Dragon, virtue and vice, and knows that the former will prevail. Notwithstanding quackery is constantly making breaches in the outer walls, the citadel of honest medicine remains unarmed. There is a leaven in the mass which makes its influence felt upon the whole. Specialism, the most dangerous weapon of modern quackery, because of its insidious growth, must soon receive its *coup de grace.* Having its origin in honest purpose to improve certain departments of medicine by concentrated efforts, it has yielded to the force of illegitimate competition and transcended the limits of honesty by exaggerating the importance and dangers threatening the particular department of the human body it has assumed to control. But a few days ago, discussing this subject with a distinguished surgeon and teacher of medicine in a neighboring city, he said specialism has gone so far that even dentists are seldom found to treat the teeth honestly. He dared not trust his families with many of them. They would find cavities when no cavities existed, and fill teeth which good surgery said ought not to be filled—merely for the purpose of gaining money. Oculists often exaggerate the most trivial errors of refraction and embarass their patrons with useless if not injurious glasses. The orthopedic specialist has often applied his apparatus to children who have natural asymmetry of limb; and afterwards paraded them before the world as cured of hip joint disease. The gynæcologist—well, the merest tyro knows that every woman ought to consult a gynæcologist.

If the honest, liberally educated young man carefully reviews the obstacles to be overcome and the dangers which infest the path of one who wishes to become a pure and honest practitioner of medicine, fit to be the custodian of the infirmities of human nature, he will feel the need of a help greater, more patient and far-reaching than any human hands can offer. He must have an inspiration—a determination to succeed based upon a knowledge of the forces to be overcome and the ability of his soul and body to overcome them. Examples to imitate are not wanting. The great desert of quackery and imposture is spotted with oases of honesty, intelligence and purity of character. Scarce a village or community but has its pure and worthy examples of legitimate medicine. Tried and skilled men have united and organized colleges where medicine is taught, where time must be spent in study and something accomplished before the student is permitted to assume the sacred duties of a doctor of medicine. If the student perseveres he is certain of reward. The struggle between medicine and

quackery has done more to bring out good and strong men, to make improvements, than the combined influence of foreign universities and protection laws. To fix the point I need not mention the American discoveries, ovariotomy and chloroform. There is a science taught in the legitimate colleges which points the way to possible cure and honorable purposes. It curbs the specialist, teaching him the limits of his domain, and shows the fine results which general development is sure to entail. It is the science of the phenomena of life. It recognizes in a being like man many organs, each of which has a peculiar life work to perform, the sum of which is man. Imagine the skin or tegumentary department of man, exaggerating the importance of its office, and attempting to struggle on in the performance of its work without the assistance of the blood department. What bald, scaly, leprous skin, and what a shriveled, shrunken, colorless man would be the result. The student of physiology, as fundamental to the art of medicine, can recognize no dishonesty, no quackery. He is the patient, painstaking observer of the phenomena of life. He sees in disease certain essential processes, and knows that the neurologist, when talking learnedly of inflammation in the cortex cerebri, gets his ideas of the disease from the observations some one has made of phenomena of inflammation excited artificially in a frog's foot or rabbit's cornea. He recognizes that the whole is equal to the sum of its parts and that harmony of parts is essential to the harmony of the whole. In view of the difficulties to be overcome, and of the willingness of the American people to let him try his art, the medical student wants sharp, crisp, practical ideas from his teachers. He wants no introductory lectures, but desires good solid work without delay. He must cultivate an acute and discriminating disposition, and to that end his intellect must enlarge spherically. As a distinguished observer has remarked, he can have as little fellowship with the atheist who says there is no God, as with the theist who professes to know the mind of God. His success will depend largely upon the faith he has in his convictions. Columbus sailed across unknown seas and discovered an unknown country, with nothing to give him courage in time of doubt or trouble, except the unquestionable faith he had in his conviction that America existed. The doctor writes dangerous and deadly drugs, or plunges the sharp knife through quivering, living flesh, with nothing to make strong and steady his arm, except positive conviction that good will come to his patient.

Let teachers of medicine be strong in the conviction that they teach, in the broadest and most liberal sense, the truth.

Differential Action, the True Theory of Medicine.

BY GEO. F. HUNTER, M. D., HOLLY, MICH.

The true and only scientific system of medical treatment of disease is one of general application. Fractions or parts of this system are not the system and therefore can only constitute members or parts of a grander law of cure.

A great many so-called systems have been advanced and advocated from time immemorial, and probably all of them possessing more or less good to recommend them, but they were only fragments of a great truth, correct in some particulars but deficient in others; therefore they could not stand, and men being discontented with partial explanations constantly searched for something better, and one after another of those theories faded and wilted before the truths of science, until at the present day there are only two of those systems, styled regular or allopath, and homœopath, that can claim our attention. The principle of the former consists in the curing of a diseased action by inducing a different kind of action, but not necessarily diseased. The principle of the latter is claimed to be the very opposite of the former viz., that disease is to be cured by remedies which shall produce effects similar to those which they cure, or "like cures like."

A close scrutiny of these two theories of cure will convince the reader that the great underlying principle that permeates them both is the same and really the one theory of difference, or, as I have styled it, differential action for the cure of disease. The essential point of departure of those two theories from each other lies in the degree of differential action, for they both admit of this great principle of cure—differential action.

Now "like" is not to be mistaken for "identical," therefore if "like action" is not the same as "identical action" it implies a difference. Homœopaths do not claim that they can produce an identical disease to the one they cure, but only one "similar" or "like." Therefore there is a difference between what they claim to produce and that which they cure; there is a difference between the two actions—they are similar but not identical. Therefore it is clear that both the systems styled allopathy and homœopathy involve and are made up of the same law of cure; the former involving antagonism is simply the greater degree of difference, while homœopathy is the lesser degree of difference.

Cures are produced by bringing about a change in the action of the disease. The remedy must always act differently and this difference may include antagonism or similarity, or may be made up of both, and be absolutely neither. The differential action may be so great as to amount to antagonism, or it may be so small as to amount to a similarity; homœopathy is simply the minimum of differential action while allopathy is the maximum. One is the shadow, the other the substance. Difference may be defined as being neither antagonism nor similarity but may include a portion, more or less, of both.

This theory, to my mind, seems to be the only reasonable law of cure, and explains fully the ex-

pression of Hippocrates, the father of medicine, when he said: "Diseases are sometimes cured by contraries, sometimes by similars, and sometimes by remedies which have neither similitude nor antagonism."

Remedies may act similarly, but must be different from the action of the disease in degree sufficient to alter or substitute itself for the diseased action. Only something different can substitute or produce this alteration.

It is a fact well known to science that two different actions cannot go on at one and the same time in the same place. Consequently the theory of homœopathy is wrong, but practically it may sometimes be successful, especially with the young or delicate or very old, who require smaller doses to effect the same results that larger doses would bring about in the adult or robust.

This explanation at once furnishes the key to the mystery of so much variance in the opinion of medical men on theory and practice of medicine.

In the older days allopaths may have overstepped the bounds in giving larger doses than were really necessary, but at the present state of our learning they are nearer the correct standard, and the influence of such authorities as Ringer and Bartholow and others, is and has been, instrumental in bringing about this change in the size of doses, by advocating the administration of smaller doses, while the homœopaths, on the other hand, are advocating "more tangible" or larger doses; and while this reform is going on on both sides the breach is narrowing between the two systems.

From this view of therapeutics it must be inferred that homœopathy as a theory, and it exists only in theory, must soon cease to exist, while in the near future the regular school of medicine will tower above all fragmentary systems, and be the only system recognizable, the one true and scientific.

Selections.

THE INFLUENCE OF DOSE ON THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF REMEDIES.—In the study of physiological therapeutics, hitherto, not sufficient attention has been given to the subject of dose as a factor in the results. It is true we find references here and there to the differences of action thus produced, but it is not given the fundamental importance properly belonging to it. With a view to my own instruction, I have, during the past year, been making some experimental studies in this direction. I attempted, more especially, to ascertain if there are any general formulæ, by the aid of which we can more successfully interpret the influence of quantity over qualitative actions. The conclusions at which I arrived I put in the form of postulates, and the experimental and clinical evidence will follow.

Medicines acting on a part, a tissue, or an organ, can only increase or diminish the normal function, and cannot give to the function a new direction. For example, atropia increases the action of the heart and digitalis slows it, but neither can make the heart peform any other duty than its own.

The irritability—that is, the power to react to impressions—of a tissue or an organ, may be increased, or diminished, or destroyed, by medicines affecting function. Those medicines which increase irritability, must, if their effects continue, ultimately cause the same results as those lessening irritability from the beginning of their action—for it is a law that, if excitation of a function continue, the irritability of that function will ultimately become exhausted and its action cease. For example, strychnia increases the irritability of the reflex function, but if its effects continue, the reflex function after a time is exhausted and ceases.

I cannot too strongly insist on the importance of these propositions. The first one is simply an axiom. There is no remedy that creates new functions; not one that does more than increase, or lessen, or destroy function. There are remedies which cause morbid states; but these derange function—briefly, it may be, heighten the activity of particular organs, and ultimately destroy the power to functionate; yet they do not force the organs into new modes of activity. A careful survey of the whole field of remedies will only bring confirmation to this proposition, and I therefore pass to the next.

The property of *irritability*—which I have defined to be the power to react to impressions—is possessed by all organs. When a motor nerve is irritated, the muscles to which it is distributed contract; when a sensory nerve is irritated, pain is caused; when a gland is irritated, its secretion is increased. It is no less true that persistent irritation, or stimulation, ultimately destroys the power to functionate—in other words, arrests function. The proofs of this are unanswerable. If a motor nerve is long irritated, the muscle first contracts, then tetanizes, and finally the nerve ceases to convey any impression, and the muscle relaxes or is paralyzed. If a sensory nerve is subjected to permanent irritation, pain is first produced, then numbness, and finally analgesia and anæsthesia result. If a gland is persistently stimulated, at first the normal secretion is increased in amount, then a pathological secretion is produced, and, finally, the gland strikes work entirely. The whole matter is resolved into the physical law—"*To every action there is an equal and opposite reaction.*"

The action of strychnia, which I have given as an example, is a striking illustration. If 1-200th grain of strychnia be injected into a frog, the most characteristic tetanizing action follows. So acutely exalted is the reflex function, that the merest jar of the table will cause a general convulsion, the body being strongly rigid. Now, if into a frog of the same size, three grains of strychnia be injected, there may be no convulsions, or very transient slight spasms, but the whole body will be completely relaxed, and no irritation will cause muscular action. The explanation is obvious. Persistent irritation of the reflex and motor apparatus finally exhausts its irritability. A mere scratch, or a blow with the hammer, will destroy the magnetic property of a permanent magnet. There are remedies such as curara, conium, and the bromides, that do not stimulate, but depress the spinal functions from the onset of their action. It follows, then, that those remedies which first stimulate, and afterwards depress, act in the same way, if their effects continue, as do those remedies which depress from the outset.

Such different, and even opposing, action of the same remedy may result from dose. We have seen that in strychnia; it is true of many other remedies as well. We can only understand how such differences of action may occur by the light of the

general principles which I have enunciated. Let me now offer some examples:

Quinia, one of the most important remedies, exhibits marked qualitative differences when administered in small and large doses. Does quinia increase or lessen the intracranial blood-supply? is a question which has been much discussed. Those who have given it in small doses—say from two to five grains every four hours—have seen the pulse increased in force and frequency, the conjunctivæ injected and retinal vessels full, and the activity of the functions, generally, raised above the usual level. They hold, therefore, that quinia increases the intracranial circulation. Experimental evidence has been adduced in support of the clinical. The cerebral meninges of animals exposed, the membranes are seen, under the action of quinia, to become more vascular, and the cephalehæmadynometer registers higher intracranial blood-pressure. The very opposite conditions are observed when large doses are administered—say a drachm or more. Then the pulse is slowed, the face grows pale, the retinal vessels become small, and there is much of that tinnitus and vertigo significant of cerebral anæmia. The experimental evidence is in harmony with the clinical: the cerebral meninges are pale, exsanguine, and the blood-pressure is low. Still more conclusive is that accidental experiment made on man: the quinia amaurosis—in which there is an extreme pallor of the optic discs, the vessels of the largest size appearing as minute threads, and large numbers of vessels usually in view have disappeared. Several examples of this kind have been observed by Knapp, and other ophthalmologists, after the exhibition of large doses of quinia.

The antipyretic effect of quinia is now universally admitted, but a strange misconception exists in the minds of some as to the quantity required. That the normal temperature is depressed by quinia, is true only of enormous doses and to a slight extent, but the rise of blood-heat produced by active exercise and by the febrile process, is prevented by scruple to drachm doses, but not less will succeed. To give small doses at short, regular intervals, to stimulate the organic functions, and large doses to lessen their activity, is a strictly logical process. The mechanism is not difficult to comprehend, aided by the formula I have given. We need not fall back on that convenient, but entirely hypothetical and suppositious heat-centre. There is chemical activity enough, surely, to account for heat-production; and for its regulation within normal limits the provision is complete. In the slowing of the blood-current, and diminished amount of blood distributed; in the lessened activity of the red blood globules, and the consequent depression of the chemical actions and interchanges produced by large doses of quinia, we have a sufficient explanation of its influence over the heat-function.

Another striking example of the influence of quantity over qualitative actions is afforded us in *alcohol*. The difference in the action of small and large quantities, is the explanation of the alcohol paradox, in regard to which there has been almost endless discussion. That alcohol in moderate quantity stimulates the circulation and increases the activity of the organic functions, are facts now universally held. That alcohol in large quantity slows the heart, lowers the body-heat, and depresses the organic functions, are also facts demonstrated clinically and proved by experiment. Are these facts reconcilable? Alcohol may increase the action of the heart in two modes: by a reflex impression having its origin in an excitation of the nerve-endings in the stomach; or by its own oxidation or combustion in the organism, yielding up force which is utilized by the cardiac motor apparatus, or both modes of action may be concerned in the result. When large quantities are ingested, the stage of stimulation is brief, and is followed by depression, which is seen in the lessened cardiac action, in the lowered temperature, and in the suspension of the cerebral functions. The amount of alcohol is in excess of the oxidizing power of the organism, and the evolution of force, especially of nervous energy, is checked. Indeed, no medicinal agent more perfectly illustrates the physical law—to every action there is an equal reaction. From a therapeutical side, there is no fact of greater importance. Not long since I saw, in consultation, a case of diphtheria in an adult, in which the physician, a very competent man indeed, was trying to raise the pulse up from its low state. He poured in great doses of brandy, and was in despair that the pulse would not rise above 56, and the temperature would not attain a higher point than 98° Fahr., the functions generally appearing torpid. I suggested that he substitute a moderate quantity of champagne for the large doses of spirit, and in a few hours a striking change was observed. Who does not recall within the range of his own experience similar examples? This very practical point is a tempting topic for further discussion, but I must pass on to other illustrations of the great law of dose. I will next examine the influence of quantity on the qualitative results of the administration of *opium*.

We often hear the statement that opium is more stimulant, and morphia more sedative. Although there is a small measure of truth in this formula, the difference lies rather in quantity. Opium may, I think, be justly regarded as the most powerful and sustained stimulant that we possess; at the same time it is the most efficient remedy against the first stage of the inflammatory process. The stimulating effect of opium is well exhibited in its antagonizing action of those remedies which cause death by failure of the heart, notably atropia, aconite, veratrum viride, etc., and in its preventing failure of the weak, dilated, or fatty heart. To obtain the stimulating effect of opium, all the world knows that it must be given in small and repeated doses. Of course, when the impressionability of the system has been reduced by the opium habit, the merely stimulating dose corresponds. Large doses slow the heart, raise the peripheral tension, and thus lessen the blood-supply to organs and tissues. These effects can be admirably shown by the sphygmograph, when properly adjusted. If a normal tracing is first taken, and then morphia injected subcutaneously, the instrument kept in position, obviously, the conditions being the same, the change in the tracing must represent the action of the drug. Tracings taken in this way exhibit very striking changes,* indicating the effect of morphia on the rate of pulsation, and on the tension of the vessel. There has been an enormous clinical experience, also, proving the power of opium in full doses to check inflammation by diminishing the blood-supply to the inflamed tissues. This mode of treatment has been carried to its utmost limits by Dr. Alonzo Clarke in the treatment of peritonitis—carried to the point of narcotism, with a reduction of the pulse to 40 per minute. There are two practical points which I should not fail to mention in connection with this treatment: 1. The utility of opium as a remedy for inflammation, is limited to the stage of congestion, and ceases when stasis and exudations occur.

*Treatment of Diseases by the Hypodermatic Method, 4th edition, Philadelphia, 1882.

2. Those large doses by which so decided a reduction in the pulse-rate is effected, will finally exhaust the organs which were at first stimulated. We should not here, as anywhere, fail to realize that fundamental physical maxim—to every action there is an equal and opposite reaction. No point in the whole circle of the effects of opium better illustrates this principle than the action on the intestinal tube. Opium in small doses stimulates the splanchnic—the inhibiting nerve for the intestine, as the pneumogastric is for the heart—and in large doses paralyzes it; hence it follows that in small doses opium constipates, and in large doses tends to relax. See how admirably the results of the physiological study illuminate and confirm empirical observations!

Digitalis affords us another capital illustration of these principles, and, from the practical point of view, their application has an importance that can hardly be overestimated. To confine my observations to the narrowest limits, I will only refer to the effects of digitalis on the heart, and its associated nervous apparatus. The ancient notion of the power of digitalis as a heart poison, has been quite supplanted by the modern notion of its power as a heart tonic. There was an element of truth in the ancient, as there is a mischievous fallacy in the modern, notion. Whilst the ancient theory limited the therapeutical applications of digitalis; in the modern conception of its powers, the danger attending its action is too little regarded Indeed, from the loose talk about digitalis, one would suppose it to be a heart tonic without limitations. Almost more completely than any other remedy it illustrates the difference between large and small doses; that whilst the former stimulate, the latter exhaust. In moderate medicinal doses it stimulates the pneumogastric and its terminal inhibiting ganglia, and the vaso-motor system. If the stimulation continue too long, or if the dose be too large, the irritability of these organs is exhausted; in other words, it paralyzes the organs which it first excited. When digitalis is given in a quantity to slow the heart decidedly, if the patient assume the erect posture, an extremely rapid and weak action is substituted. A most striking example, as showing the nature of its powers, is the fatal case of digitalis poisoning reported by Boehm. A girl died on the fifth day from paralysis of the heart, after taking a single large dose. The old idea of an accumulation of power and its sudden liberation in an energy that stops the heart, simply means the paralysis which follows overstimulation. In this sense, we may well be on our guard against the "cumulative effects" of digitalis. The practical conclusions to be deduced from these facts are of immense moment: (1) in the administration of digitalis as a cardiac tonic, the dose to be given is the minimum quantity necessary to produce the effect, and (2) this dose must not be continued so long as to endanger the working power of the motor apparatus. Here, I might, if the topic were not foreign to the purpose of this paper, indicate how the principle of antagonism is utilized in the conjoint administration of remedies that oppose the tendency to cardiac depression without interfering with the curative action.

Pilocarpine, one of the recent and valuable contributions to our materia medica, illustrates in a most interesting manner the influence of dose. The first effect of this remedy is to excite: the heart quickens its movements, the face becomes flushed, and the cutaneous vessels are so filled that the surface grows warm; then the excitement of the salivary and sudoriparous glands occurs, and a profuse secretion is poured out. Just in proportion to the excitement is the after-depression, in which the temperature falls, the heart languishes, and the organic functions in general become feeble. It is now well known that any dose above that necessary merely to cause the desired activity in the salivary and sudoriparous glands, may produce a dangerous even a fatal, depression. In the action of this remedy, the physical law has a most exact exemplification—for to the action there is an equal and opposite reaction.

I might thus continue multiplying examples of the influence of quantity over qualitative actions, all drawn from the organic materia medica, and from the group of agents affecting the nervous system, chiefly. It is desirable, however, to seek further illustrations of the same truths from the mineral kingdom, and from remedies having different actions than those involving the nervous system. The group called *tonic* will afford us some excellent examples. There is no remedy more used, also more abused, than iron. There are but two ultimate purposes subserved by its use: 1, to stimulate the primary assimilation; 2, to promote constructive metamorphosis, or the metabolism of tissue formation. The purpose should determine the dose, and the quantity given will determine the character of the result. When iron is used to stimulate the function of digestion, as a large surface is to be acted on, large doses must be administered. It is perfectly obvious that if the digestive apparatus be continually goaded to increased effort for too great a length of time, a disastrous depression must presently follow. In this fact we have an illustration of the old rule, to suspend occasionally the administration of iron when a long course is carried on, and give a purgative. When the purpose in view is to correct anæmia, to promote constructive metamorphosis, and to energize the organic functions generally, again the dose is determined by the object. Is a recent and powerful but temporary depression to be overcome? the dose must be adequate. Does a more lasting condition of depression in the function of constructive metamorphosis exist, the dose must be one which can be administered for a sufficient length of time without causing an opposing reaction

Not in a less degree are these principles applicable to the administration of "bitters," and other vegetable tonics. How often do we observe full doses of these remedies administered without maintaining the good effect at first obtained. The first genial excitation of the digestive apparatus ceases under a persistent repetition of the impression. Large doses for a temporary purpose, small doses for lengthened use, should be the formula for our guidance, with the limitation always kept in mind that too persistent and prolonged stimulation of any organ must result in after-debility.

When we extend our inquiry into the class of remedies whose office it is to cause some kind of an evacuation from the body, we discover some interesting facts regarding the influence of quantity. Evacuants have a dual action. There is a preliminary impression on the organ centre or apparatus—it may be sedative; it may be irritative—and is followed by the action of expulsion and increased excretion. By a small or minute dose, we obtain the former; by a large dose, we procure the latter. *Calomel* and *ipecacuanha* are good representatives of the class inducing this double action. It is a fact of daily observation that such small doses of calomel, as the 1 20 gr. to 1-6 of a grain exert a remarkable sedative effect on the stomach and upper intestine. For example, vomiting may be thus arrested when

other means fail. For my part, I am unable to subscribe to the doctrine that one grain of the centesimal dilution, or 1-100 of a grain of calomel, will have any obvious effect, unless given excessively often, say every ten or fifteen minutes. I place the minimum at 1-20 of a grain, with the expression of my conviction that there is little utility in going below 1-12 of a grain. Whilst in cases of duodenal catarrh and catarrhal jaundice, considerable doses of calomel irritate not only the mucous membrane, but the hepatic cells, small doses have an undeniable good effect in allaying irritation.

Apropos of the action on the liver, permit me to digress so far as to say that the liver serves to excrete various mineral poisons, which hence tend to accumulate in the hepatic cells, to irritate them, and to impair their functions. The salts of mercury, silver, gold, etc., may be mentioned. These remedies in minute quantity, stimulating by their presence to the slightest extent, promote the activity, the nutrition, and the functional power of the organ. Frerichs mentions the discovery by him of a gall-stone having for its nucleus a globule of mercury.

Turning now to *ipecacuanha*, we find that this has in small doses a sedative effect—a stimulating or irritant action in large doses. Small doses will sometimes arrest vomiting of nervous or reflex origin. The homœopathists have made much of this, and claim that to admit it is to admit the truth of their ridiculous dogma of similars. The facts are so susceptible of a truly scientific explanation, that there is no need to have any humbug mysticism over them. The so-called *tolerance*, produced by the repeated use of large doses, means the diminution of irritability, the inevitable result of over or continued stimulation.

Calomel and ipecacuanha are not the only evacuants having the dual action to which I have alluded; all possess these properties to a greater or less extent. *Colocynth* is an excellent illustration of the same truth. Whilst calomel in small quantity allays irritation of the upper digestive tube, colocynth in minute doses is sedative to the lower—to the ilium especially. As calomel in the minimum dose will allay vomiting when other remedies fail, so colocynth tincture, in a small dose, will stop intestinal pain and irritation when other remedies are unsuccessful.

Finally, the action of diuretics illustrates the influence of dose on physiological and therapeutical action. Any remedy may serve to point the moral, but, for several reasons, cantharides is to be preferred. The stimulating, irritating quality of cantharides in full medicinal doses everybody knows, but in minute quantity it has distinct sedative effects on the urinary apparatus not so well known. The evidence is clinical. In some cases of irritable bladder, for example, it has a remarkably quieting effect when exhibited in small doses. In chronic catarrh of the genito-urinary tract, the same effect is produced by the same mode of administration.

Thus throughout the whole field of pharmacology, we find that qualitative results are largely influenced and determined by the quantity administered. In fact, so certainly true is this relation, that in the statement of physiological actions and therapeutical results, the quantity of the remedy administered is an essential element, without reference to which exactness is unattainable.—Prof. Roberts Bartholow, in *Medical News*.

Some Peculiarities of Tuberculosis Explained by the Parasitic Nature of this Disease.—Since the careful and extensive researches of Robert Koch have beyond doubt established the parasitic nature of tuberculosis, a good many phenomena of this terrible disease, hitherto unexplained, have become easy to understand.

Tuberculosis, according to Koch, depends upon the presence in the body of numbers of rod-like bacteria, which are found in every case of phthisis, acute miliary tuberculosis, cheesy pneumonia, cheesy bronchitis, fungous arthritis, pleuro-pneumonia of cattle, and sometimes in scrofulous affections, especially enlarged lymph nodes. This slender bacillus, pointed at both ends, the length of which varies from one-quarter to one-half the diameter of a red blood corpuscle, is about five times as long as thick, and often shows four to five oval spores, evenly distributed over its entire length. This bacillus, which absorbs methylene-blue but rejects brown aniline dyes, thus differing from all other bacteria known, is a true parasite of the animal body, flourishing only at temperatures furnished by his living abode, and becomes totally inactive at the ordinary temperatures of our climate. Fortunately for mankind it multiplies very slowly, requiring nearly a week to proliferate much under the most favorable conditions, so that it has no footing upon wounds of the outer surface, like other quickly developing organisms, but is washed away by the secretions before it has had a chance to multiply. Even in the sheltered air passages, where it generally makes its first appearance, unless finding its soil prepared by previous inflammatory processes, loss of epithelium, etc., it seems entirely innocuous, being readily removed with the secretions before it has time to take root. When it once has a firm footing, its local extension is still slow, because the bacillus has no movement of its own, and, in order to reach the other parts, it must be carried thither by the lymphoid cells. If, however, the bacilli reach the lymph channels, they are carried greater distances, successively infecting the whole track of a lymph vessel, until stored up in the filter of the nearest lymph node. The matter becomes very serious when numbers of them reach the blood current in the veins, when they become disseminated through numerous internal organs, and acute miliary tuberculosis will be the result.

The anatomy of a tubercle is easily explained now also; a bacillus settles in a tissue, irritates and causes a small-cell infiltration around it; those of these cells nearest the parasite grow up to fibroblasts (epithelioid cells), which, closely pressing upon each other, coalesce and form the giant cell, so often found in the centre of miliary tubercles, harboring one or several bacilli. This giant cell is again surrounded by embryonic cells, some of which are growing up into epithelioid cells. Since no blood vessels form, the center of the tubercle undergoes fatty degeneration as soon as the growth spreading in the periphery has become numerous enough to take up all the nutriment supplied by the nearest vessels. A number of bacilli appear to die with the cells, which gradually shrink up into a cheesy mass, but others are taken up with particles of detritus by lymphoid cells and are transported into the immediate vicinity, where they begin slowly to proliferate again, giving rise to a fresh tubercle, when the process is repeated over again, adding to the central destruction as well as to the peripheral proliferation. As may be inferred from this, the bacilli are found in greatest number where the process is in the act of spreading; where the latter is stationary they are difficult to find.

How do the bacilli enter the system? Koch found that sputa of phthisical patients always contained bacilli; in fact, that the grumous masses so generally

present in all vomicæ entirely consisted of agglomerations of these parasites. The drying of a sputum does not rob the bacillus of its life; sputa dried for eight weeks, and injected into guinea pigs, produced acute miliary tuberculosis in every instance. The dry sputum upon the floor is ground into dust; the bacilli, adhering to some particle of the latter enter the lungs with the air we breathe and arrested upon some prominent part of the mucous membrane which lies opposite the air-current, especially the ridges of the alveolar septa.

But there are other channels by which the bacillus of tuberculosis can enter our system. Pleuro-pneumonia of cattle being identical with tuberculosis, the bacillus may be introduced into our alimentary canal with the meat or milk of cattle suffering from this disease.

There is one point which might be urged against the conclusiveness of Koch's observations. We mean the hereditary acquisition of consumption. Still this can be explained very easily. Judging from analogy with syphilis, the twin brother of tuberculosis, direct transmission of the disease germ is possible; also that the disease may remain latent, unless the germs are so numerous as to overwhelm the resistance of the vigorous functions of the young cells of childhood. Furthermore, numbers of them are easily stored away in some lymph node, where they are kept from doing general mischief for a time. Again, we must keep in mind, that in cases where direct transmission of the disease-germ has not taken place, the direct contagiousness and infectiousness of the bacillus comes into free play, the children being obliged constantly to inhale the infected air of their home, or ingest the parasite with the mother's milk.

The practical results obtained from Koch's valuable paper may be summed up as follows:

All sputa from phthisical patients are to be disinfected immediately; also the clothing, bedding, etc., before used by other people.

Phthisical mothers must not nurse their infants.

Scrofulous, infiltrated glands ought to be excised.

Meat and milk from cattle which have suffered from pleuro-pneumonia must not be allowed to enter our system.

Antiseptic treatment, perseveringly and vigorously carried out, is the only rational treatment for consumption. Carbolic acid inhalations through the nasal respirator, local treatment of tubercular ulcers, fungous arthritis, etc., with iodoform, have already given great results, the latter remedy being preferable in places where the drug can remain undisturbed for a longer time.—Dr. F. W. Vogel, in *Philadelphia Medical and Surgical Reporter.*

The Treatment of Chronic Dysentery with Voluminous Enemata of Nitrate of Silver.—As a preliminary to the discussion of the treatment of chronic dysentery with voluminous enemata of nitrate of silver, Dr. Mackenzie (*Lancet*) expresses his belief that the disease, whatever may have been its origin, is to be looked upon in its later stages as essentially an ulcerative colitis. It will be conceded that remedies given by the mouth can have but little topical effect upon the rectum. Any action, whether astringent, laxative, sedative, or alterative, has been squandered and dissipated on the comparatively unoffending tract of mucous membrane along which it has traveled before it reaches the part desired to be influenced. Opium does good through the nervous system, relieving tenesmus and tormina. Laxatives remove scybalous masses that are a source of irritation. Ipecac seems to possess a specific influence, but its value is in acute attacks and exacerbations. All practical surgeons are assured of the beneficial influence of local applications of nitrate of silver, and other mineral astringents, to inflamed mucous membranes. With the view of rendering our practice in the treatment of dysentery more successful, and more in accordance with our procedures elsewhere, Dr. H. C. Wood, of Philadelphia, has suggested the use of voluminous enemata of nitrate of silver, so as to bathe the whole mucous lining of the colon with a solution of this salt. Enemata have long been recommended in this connection, but no one has hitherto so forcibly insisted that the enemata of nitrate of silver should be voluminous. Dr. Wood recommends as follows: "The patient should be brought to the edge of a hard bed, placed in a position somewhat resembling that for lithotomy, his buttocks raised on a hair pillow, in such a way as to elevate the pelvis and cause the injected fluid to flow naturally downward and inward. A well-oiled, smooth, somewhat flexible, hard tube, with openings at the side and a closed end (an œsophageal tube will answer well), must then be gently and slowly introduced from eight to twelve inches up the rectum. Through this the fluid may be slowly pumped in with a Davidson's syringe. A better plan is to unite with it a flexible rubber tube, in the end of which a funnel is inserted. This being elevated five or six feet, the water is poured in, and, by its own weight, with irresistible gentleness, forces its way into the gut. The liquid should be at the temperature of the body, so as not to excite peristalsis." Dr. Wood prefers nitrate of silver to other astringents; drachm doses have, in his experience, never occasioned constitutional symptoms, while forty-grain doses and under have not accomplished much good. In one of the author's own cases, thirty grains of nitrate of silver, in three pints of water, caused the complete cessation of a dysentery that had lasted two years. This he regards as exceptional, and believes that, as a rule, at least a drachm of nitrate of silver to three pints of water should be used; and he has employed as much as a drachm and a half of nitrate of silver to the same quantity of water with a good result, and without danger. Dr. Wood discusses the possible effects of the application, for a longer period than occurs elsewhere, of so large a dose of nitrate of silver to an absorbent surface, but has never seen the slightest inconvenience from it. The author's experience is in accord with this. It is suggested by Dr. Wood that, in case of the enema being retained, and fear excited of toxic effects therefrom, a solution of common salt night be injected to neutralize the nitrate of silver. To avoid the danger of toxic effects, the author has tried perchloride of iron as an astringent instead of nitrate of silver; but he has not been able to secure the same good results, and has gone back to nitrate of silver exclusively. The author reports in detail five cases treated by him. These may be summarized as follows: 1. Dysentery of five months' standing, received one injection, under treatment eight weeks, cured. 2. Dysentery of two years' standing, received two injections, under treatment eleven weeks, cured. 3. Dysentery of two and a half years' standing, one injection, effect immediate, cured. 4. Dysentery of five months' standing, seven injections, under treatment six and a half weeks, cured. 5. Dysentery of three months' standing, received twelve injections, under treatment twenty-three weeks, cured. As regards diet, milk, with or without lime-water, beef-juice, and beef-tea, should alone be given in severe cases. When there is pain along the colon, small doses of Dover's powder, two or three times a day, should be given. Exposure to cold should be avoided; a flannel bandage may be worn about the abdomen.—*N. Y. Med. Jour. and Obstet. Review.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Michigan Medical Act.

The question of medical legislation will soon again to the fore in this state, and the medical profession has a duty to perform in the premises. We take it for granted that the necessity of legislative control of medical practice is conceded, in the interests of public health. We maintain that while the interests of the medical profession itself would be advanced by wholesome legislation, the benefits accruing therefrom would be incomparably in favor of the public. In reality the profession has comparatively little need of such protection as almost any medical act drafted in the interests of public health must necessarily give it. The protection given physicians in such an act is merely incidental, and the arguments advanced against all bills heretofore introduced into our legislature, that they seek to establish a sort of trade's union in the profession, are at once unjust and unwarrantable. The profession can much better endure the present non-existence of a medical law than the public can. Public sentiment in this state has gradually been improving as regards the question of medical legislation and the legislature which is to meet next winter, will be found more willing than any previous legislature to legislate in this direction. The inevitable logic of events is gradually forcing the public to recognize the necessity of some control over those who assume the grave responsibilities of the physician. Instances have transpired in this city during the interim of the meeting of the last legislature which must have convinced the people that they rather than the profession must be the gainers by such legislation as will prevent a repetition of such instances, and we apprehend little or no difficulty in securing pledges from candidates for the legislature from this city, to lend their votes and influence to the passage of such a medical bill as we would propose.

The experience of previous attempts at medical legislation must be made use of in drafting a bill for the next legislature. In the first place the profession must make some concessions, failing to make which all attempts at legislation must fail as have the attempts of the past. It may be somewhat humiliating to be obliged to recognize all who are practicing medicine in the state, as physicians, and to place them on an equal footing with qualified practitioners in the eyes of the law. But it must be done, and the ten-year or five-year clauses which have weighed down all past bills must be stricken out of the bill which is to become a law. Legislation must have reference solely to the future, and must not disturb existing rights or fancied rights. While it would be immensely desirable to rid the state of the horde of mountebanks whom wholesome legislation in other states has imposed on us, the fact must be recognized that there are many estimable gentlemen and qualified physicians in our midst who are not in possession of a college diploma. These must be included in any attempt to banish the others, and the people will not submit to this.

We have recently had submitted to us a draft of a bill which it is proposed to introduce to the next legislature. It is not precisely such a bill as it was our design to present, but our objections are principally against its details merely, and should the framer make the modifications which we have suggested, we shall advocate his bill in lieu of renewing our attempts, before the last two legislatures, to secure the passage of a bill of our own drafting. The bill to which we refer contains the feature which we regard as all essential, and without which any bill must be useless, viz., that which refuses to accept the diploma of a medical college as a guarantee of fitness on the part of the holder to practice medicine. It is a humiliating fact that so-called reputable medical colleges are every year turning loose upon the community men who are notoriously incompetent, and it behooves the people to protect themselves against this monstrous abuse—all the more monstrous because of the standing of the guilty schools. Give us a bill which provides for a competent board of examiners before whom a diploma, even from the college which is loudest in its professions of reform, shall count as naught, and we shall advocate its adoption; but any bill, however perfect in other regards, which omits this feature, can never be anything more than a delusion and a snare.

We hope to be shortly favored with the draft of the bill to which we have referred and shall take pleasure in submitting it to our readers, with the request that they take it to the polls and exact of their candidates for the legislature a pledge that they will give it their support.

Equitation as a Preventive and Cure of Hæmorrhoids.

Among the prices paid for the advantages of modern civilized and refined society, hæmorrhoids stand prominent. That this affection is the result of the unnatural modes of life which are so tempting and which wealth renders possible, scarcely admits of question. It is not our purpose to recall the pre-

cise manner in which sedentary habits and unnatural food induce this condition, but rather to refer to the advantages of certain forms of exercise in relieving it. A recent article in the *Medical Record* (Aug. 26) from the pen of Dr. Wm. Bodenhamer, considers exhaustively the benefits of equitation or horseback riding in this connection. The advantages of this form of exercise both as a means of recreation and of cure in certain affections, were recognized even by the ancients, Hippocrates himself speaking approvingly of the practice of horseback riding at a full gallop, while the literature of medicine contains numerous references to it.

Equitation is a passive form of exercise, and, as Dr. Bodenhamer remarks, differs materially whether the horseman rides according to the French or the English fashion. The French rider, with long stirrups and only the ball of the foot resting in them, sits firmly in the saddle with his nates and the saddle in close and constant contact, as if he were part of the horse himself; by which it will be observed, the whole pelvis is the principal *point d'appui*, so that the motions of the horse are imparted to the trunk, and the shocks and vibrations occasioned by them, act more forcibly upon the abdominal viscera. The muscles that are principally engaged in this active movement are those of the trunk and inner sides of the thighs. While, on the contrary, the English rider with short stirrups, and the instep of the foot resting in them, does not sit closely and firmly in the saddle, but makes the stirrups serve him as *points d'appui*, in consequence of which his body is therefore raised at every movement of the horse, because the nates are unsupported, and by reason of this he is constantly compelled to exert himself in more active movements in order to maintain his upright position. It is true he may have the advantage, if it really is an advantage, of more effectually opposing the shocks occasioned by the motion of the horse, and longer warding off the fatigue which they induce; but are not these very efforts which he is continually compelled to make to keep his erect position, almost, if not equally tiresome? These two methods of riding, then, doubtless have their advantages and disadvantages, as remedial measures, and must be done to conform to the exigencies, of the patient's condition. For the prevention and the cure of the hæmorrhoidal disease, however, the French fashion of riding is, as a general rule, for obvious reasons, the best.

We have frequently prescribed horseback exercise as a curative means in hæmorrhoids, and with the most satisfactory results. When the peculiar concussion of the abdominal organs and the conjoined pressure of the saddle on the parts are taken into consideration this form of exercise is most naturally suggested as a remedy. The exhilarating nature of the exercise, moreover, acts as a general tonic, assisting in the restoration of the systemic tone which is usually more or less deficient under these circumstances. It is sometimes difficult to persuade the patient who finds it a very painful matter to move, that this apparently active exercise will help him, but it may be prescribed with perfect confidence in the result. It is not advisable, of course, for the patient suffering from painful protruding piles to resort to it until the tumor has been replaced within the sphincter and the acute inflammation subdued. This goes without saying. But for the chronic forms of the affection it is strongly to be commended.

The Cure of Cancer.

It is generally believed that cancer has increased in frequency in the United States. The most humble practitioner meets with it, and is called upon to advise the methods of treatment which gives greatest promise of success. But, how often are all methods found to be of no avail. It is doubtful if those who have studied the disease most carefully are better qualified to treat it with success than are the arrant knaves—cancer doctors—who prey upon the weak and infirm.

The impetus given to investigators of the subject, by the prizes offered by distinguished learned societies and wealthy governments, for the discovery of a cure for cancer, has certainly not improved the methods of treatment much beyond what they were in the dark ages. The cancer doctor, usually a man ignorant of the commonest principles of physiology, flourishes in almost every community, and grows rich on that which the knowledge of the doctor of medicine forbids his assuming.

For convenience of study and getting a chance to look certain facts squarely in the face, the treatment of cancer may be arranged in two classes: one class, the treatment pursued by qualified medical men, and the other the treatment in vogue with quacks. The first class may be sub-divided: *a*, representing those hair-splitting diagnosticians who first ascertain that a given case is cancer, and then advise its immediate and thorough removal with the knife; *b*, representing the wiser and less numerous practitioners—the Englishman, Jonathan Hutchinson, for example—who remove immediately and with the knife every sore which has the least taint of suspicion of cancer in its history or character. These gentlemen believe the diagnosis of cancer at a time when treatment is likely to be of any use, is a question not fully determined; and knowing that the great majority of knife wounds heal promptly, a source of great annoyance to the patient and probable cancerous infection is thoroughly and forever removed.

Class second, the quacks, may be sub-divided: *a*, representing those human sharks who treat their patients by mail; who pretend to possess some secret remedy which will annihilate the cancer in the blood; and who have no desire to cure the disease, but make their pretentions with one solitary object—to swindle and deceive. The faith which they inspire is of so limited and short duration that the victim seldom or never experiences the slightest palliation of his sufferings.

b. Represents a class who in their blind, ignorant way, examine their cases and pronounce every lump, wart or sore that can be covered by a plaster, cancerous. They use escharotic pastes which destroy the suspected tissues, leaving frightful wounds to heal by granulation under the coaxing influence of sundry poultices.

Each of these latter sub-classes undoubtedly often perform cures, but when it comes to a question of which one is likely to do it with least suffering and greatest certainty, the intelligent practitioner cannot long hesitate in deciding. The clean cut, nicely co-apted surfaces hold out the only possibility of union by first intention. But there are a large class of persons, the victims of suspected cancer, who hold themselves in absolute terror of the knife; who, if there was no other remedy in the hands of either quacks or doctors, would postpone surgical interference until the possibility of its being serviceable had passed. These people drift into the hands of quacks, and added to the number that have been dismissed incurable after the knife has failed, swell the number of cancer victims whose only solace is in quackery, to an incredible figure.

In view of the uncertainty of diagnosis, and of the assured fatality of the disease when recognized, would it not be sensible for the practitioner to resort more frequently to the use of escharotic pastes in judiciously selected cases, in order to reach a larger number of suspicious cases?

In sponge grafting we have a means of healing quickly the slowly granulating cavities which follow the removal of suspicious growths with pastes. Ulcer rodens returning in the wound after excision, has been healed by sponge grafting. In it we have a means of supporting the capillary loops of granulating tissue, of retarding the ulcerative process, and receiving a quick and constant supply of nutritious pabulum for repairing the breaches of continuity incident to the removal of malignant processes.

Miscellany.

Best Methods in Practice.—Dr. Jenning, in the *Peoria Med. Monthly*, says: "In the contest for business and money that most of us are engaged in, I have noticed that those who do the best work win; not necessarily the most profound and learned, but the men who are up with the times—the most industrious, and have an eye for improvement in ways and means. Practitioners of medicine are no exception to this rule. The routine doctor who takes but one medical journal, and confines himself to the identical formulas, medicines and instruments recommended by his college professors twenty years ago, is not the one to win patronage. I am called to treat a case of pneumonia, or rheumatism, or cholera morbus—complaints that every doctor is presumed to know how to manage. It is not enough that the patient recovers; he would most likely do that without my aid; but I want the recovery to be quick and the means used safe and agreeable. In short, I want to use the best methods; and this may make all the difference in the long run between success and failure. A physician who provides himself with the best appliances of the art, and who studies to make his prescriptions safe, and pleasant to the eye and taste, though the mortality in his practice is no less than that of his routine neighbor, will secure the best patronage and take the most satisfaction in his business. The best methods are not confined to any particular branch or school of the profession, but may include much even of empiricism. Nothing, it is true, gives the practitioner of medicine so much satisfaction as having established facts and fixed rules to bear on every case that comes under his care; this is what distinguishes the educated physician from the mere empiric; yet not every case can be successfully treated on "general principles;" and we shall often find ourselves obliged to fall back on experience (our own or that of others) without regard to the why or wherefore. And this, it appears to me, is the most important function of the medical journal, namely: to furnish that interchange of experience, and that medium for the discussion of ways and means which is necessary to develop the best methods in the practice of medicine.

It is amazing how soon one finds himself far in the rear if he drops the periodical literature of the profession even for a short time. Two years of experience in southern California without a medical journal, placed the writer of this so far behind the times that he was ashamed to meet his medical brethren, when at the end of that time he resumed practice; and it was several years before the lost ground was recovered.

Speaking in less general terms, it would be profitable to inquire, for instance, what is the best method of utilizing the practical portions of our periodical literature for future reference? To what extent shall we patronize "new remedies" and expensive pharmaceutical compounds? To what extent dispense our own medicines? What attitude assume toward homœopathy? It is easier to ask questions than to answer them, but there are scores of such which occur to the medical man, besides the more important ones relating to the management of disease and remedies, the answer to which involves a consideration of methods.

Surgery and the Doctrine of Evolution.—C. Pitfield Mitchell, M. R. C. S., of Orange, N. J., contributes to the *New York Medical Journal and Obstetrical Review* for September, 1882, an essay, entitled "An Evolution Aspect of the Healing of Wounds, with Deductions as to Treatment." As the author tells us in a prefatory statement, this is an application of the Spencerian doctrine of evolution to some of the phenomena of reparative action. The essay sets out with a classification of methods of repair from the standpoint adopted. Next, the grounds for this classification are given, and incidentally we are introduced to an important conception—arguing that, since whatever is profitable to

an organism, in the way of structural or functional variation, will be taken advantage of by heredity and natural selection, the functional changes naturally involved in recovery from disease will come within the sphere of their operations. With the zymotic diseases, for instance, natural selection may segregate, and heredity may fix, both the physiological peculiarity which insures immunity, and the physiological activities which establish the *status quo* when the disease has been contracted. Entering upon the immediate topic of the paper, the phenomena elicited by an incised wound, as the occlusion of arteries, the organization of plastic lymph, the development of granulations, and the physiological adjustment of the tissues to new external conditions, are viewed as non-specific functions of the tissues injured superadded to their specific functions. Deducing the evolution of these phenomena from the known action of physical forces, the shares taken by natural selection and sexual selection as factors are then dwelt upon. Special attention is directed to the protective value of the plastic lymph forming on the surfaces of wounds, and the evolutional steps are described by which this function is acquired. Passing from the structural, the evolution of certain more strictly functional adaptations is next considered. Knowing, in general terms, the atmospheric and other forces to which wounded tissues in the past must have been exposed, the corresponding accommodations of function are inferred. Thus, the general conclusion is drawn that "the molecular constitution of wounded tissues should fit them, on the average, for contact with a mean atmosphere, and certain moderate deviations from this mean." It is pointed out that, although traumatic injuries are not necessary accompaniments of life, they are of such frequency among the lower animals and man as to give validity to this conclusion. An absence of organized adjustments of function to the remaining forces commonly incident upon wounds is inferred from the inconstancy, diversity, and nature of these forces. Such deductions are shown to harmonize with experience, and certain principles of treatment for healthy wounds are presented as corollaries. The gist of them is, that, so far as the exigencies of practice will permit, wounds should be shielded from the incidence of any force to which we may know *a priori* there can not exist an organized adaptation. A normal atmosphere should be maintained, and cleanliness should be absolute at every step. Believing that the plasma exuding from the severed tissues is, by "its chemical and mechanical properties, and contact with environing forces during evolutionary time, specially fitted to protect the less stable cells which lie underneath," much importance is attached to the preservation of its integrity. "Wounds should remain open until the surfaces have become glazed, and all interfering applications should be scrupulously withheld." Finally, a verification of these inferences is found in the facts disclosed by Dr. McVail, in his paper in the *British Medical Journal* for July, 1882, on the results of "Ten Years' Surgery in Kilmarnock Infirmary." The method of dressing employed (dry-dressing) essentially fulfilled the above-mentioned theoretical requirements, and gave, on comparative analysis, the "best general results covering a lengthened period of time that have ever been recorded in the history of British hospital surgery;" and the last group of cases reported—numbering 412, including 90 operations, 23 major amputations, 45 injuries, 52 abscesses, and 7 compound fractures—showed not a single fatality from any cause.

Massage.—"Massage," from the Greek *masso* (I knead or handle), is a term now generally accepted to signify a group of procedures which are usually done with the hands, such as friction, kneading, manipulating, rolling, and percussing of the external tissues of the body, either with some curative, palliative, or hygienic object in view. Its application should in many instances be combined with passive, resistive, or assistive movements, and these are often spoken of as the so-called Swedish movement-cure. There is, however, an increasing tendency on the part of scientific men to have the word "massage" embrace all these varied forms of manual therapeutics. for the reason that the word "cure," attached to any form of treatment whatsoever, can not always be applicable, inasmuch as there are many maladies that preclude the possibility of recovery and yet admit of amelioration. Hence the word "cure" may lead people to expect too much; and, on the other hand, the use of the word "rubbing" in place of "massage" tends to undervalue the application and benefit of the latter, for it is but natural to suppose that all kinds of rubbing are alike, differing only in the amount of force used.

According to the requirements of individual cases, massage may be of primary importance or of secondary importance, of no use at all, or even injurious. Concerning the extent of its usefulness, it may with safely be said that, at tolerably definite stages in one or more classes of affections in every special and general department in medicine, evidence can be found that it has proved either directly or indirectly beneficial, or led to recovery, sometimes when other means had been but slowly operative, or apparently had failed altogether. In view of these facts, it need hardly be said that those who would properly understand and apply massage should be familiar with its past and present literature; they should also be familiar not only with the natural history of the maladies in which massage may be applied when left to themselves, but also with the course of these affections when treated in the usual approved methods, so that improvements or relapses may be referred to their proper causes. Moreover, they should know something about the methods of others who have any claim to respectability in their manner of applying massage, so as to compare them with their own. And yet all these qualifications may fail if the operator has not in addition abun-

dance of time, patience, strength, and skill, acquired by long and intelligent experience.

The multiform subdivisions under which the various procedures of massage have been described can all be grouped under four different heads, viz., friction, percussion, pressure, and movement. Malaxation, manipulation, deep-rubbing, kneading, or massage, properly so called, is to be considered as a combination of the last two. Each and all of these may be gentle, moderate, or vigorous, according to the requirements of the case and the physical qualities of the operators. Some general remarks here will save repetition: 1. All of the single or combined procedures should be begun moderately, gradually increased in force and frequency to their fullest extent desirable, and should end gradually as begun. 2. The greatest extent of surface of the fingers and hands of the operator consistent with ease and efficacy of movement should be adapted to the surface worked upon, in order that no time be lost by working with the ends of the fingers or one portion of the hands when all the rest might be occupied. 3. The patient should be placed in as easy and comfortable a position as possible, in a well-ventilated room, at a temperature of about 70° Fahr. 4. What constitutes the dose of massage is to be determined by the force and frequency of the manipulations and the length of time during which they are employed. A good manipulator will do more in fifteen minutes than a poor one will in an hour, just as an old mechanic working deliberately will accomplish more than an inexperienced one working furiously. Friction has been described as rectilinear, vertical, transverse or horizontal, and circular. It has been stated, and very properly, that rectilinear friction should always be used in an upward direction, from the extremities to the trunk, so as to favor and not retard the venous and lymphatic currents. But a slight deviation from this method I have found to be more advantageous, for though in almost every case the upward stroke of the friction should be the stronger, yet the returning or downward movement may with benefit lightly graze the surface, imparting a soothing influence, without being so vigorous as to retard the circulation, and thus a saving of time and effort will be gained. The manner in which a carpenter uses his plane represents this forward and return movement very well. Transverse friction, or friction at right angles to the long axis of a limb, is a very ungraceful and awkward procedure. It has been introduced on theoretical considerations alone, and may with safety be laid aside, for the method already spoken of, together with circular friction, will do all and a great deal more than rubbing crosswise on a limb can do.

The Utility of Drunkenness.—W. Mattieu Williams, in *Popular Science Monthly*, for October: Darwin shows that the onward progress, the development, or what may be described as the collective prosperity of the species, is brought about by over-multiplication, followed by a necessary struggle for existence, in the course of which the inferior or unsuitable individuals are weeded out, and "the survival of the fittest" necessarily follows: these superior or more suitable specimens transmit more or less of their advantages to their offspring, which, still multiplying excessively, are again and again similarly sifted and improved or developed in a boundless course of forward evolution.

In the earlier stages of human existance, the fittest for survival were those whose brutal or physical energies best enabled them to struggle with the physical difficulties of their surroundings, to subjugate the crudities of the primeval plains and forests to human requirements. The perpetual struggles of the different tribes gave the dominion of the earth to those best able to rule it; the strongest and most violent human animal was then the fittest, and he survived accordingly.

Then came another era of human effort gradually culminating in the present period. In this, mere muscular strength, brute physical power, and mere animal energy have become less and less demanded as we have, by the aid of physical science, imprisoned the physical forces of nature in our steam-boilers, batteries, etc., and have made them our slaves in lieu of human prisoners of war. The coarse, muscular, raving, yelling, fighting human animal that formerly led the war-dance, the hunt, and the battle, is no longer the fittest for survival, but is, on the contrary, daily becoming more and more out of place. His prize-fights, his dog-fights, his cockpits, and bull-baiting are practically abolished, his fox-hunting and bird-shooting are only carried on at great expense by a wealthy residuum, and by damaging interference with civilized agriculture. The unfitness of the remaining representatives of the primeval savage is manifest, and their survival is purely prejudicial to the present interests and future progress of the race.

Such being the case, we now require some means of eliminating these coarser, more brutal, or purely animal specimens of humanity, in order that there may be more room for the survival and multiplication of the more intellectual, more refined, and altogether distinctively human specimens. It is desirable that this should be effected by some natural or spontaneous proceeding of self-extinction, performed by the animal specimens themselves. If this self-immolation can be a process that is enjoyable in their own estimation, all the objections to it that might otherwise be suggested by our feelings of humanity are removed.

Now, these conditions are exactly fulfilled by the alcoholic drinks of the present day when used for the purpose of obtaining intoxication.

How Small-Pox is Introduced into this Country by Immigrants.—Dr. Henry B. Baker, of Lansing, Mich., writes: The following facts illustrate one manner in which small-pox is introduced into this country by immigrants. The facts are gathered from correspondence with Health

Officer Kitchen, of East Saginaw, and with Dr. Wm. M. Smith, Health Officer of the port at New York city.

Two Germans (Bettit and Barends) left Hamburg on the steamship Cimbria, March 29, 1882, arriving at quarantine, New York, April 12, at which place the health officer of the port found on board one case of small-pox. The ship's surgeon reported that the child was noticed to be sick on the evening of April 3, and was put in hospital on the following day, and carefully isolated, the eruption appearing the next day (April 5). These two Germans came to a place near East Saginaw, Michigan, arriving there April 15. On April 19, Mrs. Wittmes, a sister of Bettit, washed his clothes, and the clothing of Barends was washed by Mrs. Shultz. On April 23, Bettit was taken sick with varioloid, and on May 4 or 5 Mrs. Wittmes came down with the disease. Mrs. Barth, in whose house Mrs. Wittmes was staying, came down with the disease on May 3, and died May 14. On April 29 or 30, before she was taken sick, Mrs. Wittmes moved from the house of Mrs. Barth into the house of Mr. Grabuskie, in the township of Buena Vista, and both Mrs. and Mr. Grabuskie had varioloid, also Mrs. Wittmes' child, who was taken May 20. Barends says he heard some talk on board ship about small-pox, and that a body, which may have been that of a man, but thinks it was a little girl, was buried at sea two days before reaching New York. The ship's surgeon says that but one death occurred on board, and that was an old man (aged 65) who died of "debility." The surgeon says he examined each passenger with reference to their protection from small-pox, and vaccinated those whom he thought not sufficiently protected. At quarantine they were again examined and 215 vaccinated. Neither Bettit nor Barends were vaccinated on board ship or at New York quarantine. The German (Bettit) who came over in the Cimbria had varioloid, which shows that he was *not* completely protected, yet he was not vaccinated either by the ship's surgeon or at New York quarantine. If he had been, it is possible that this outbreak of small-pox near East Saginaw might have been prevented. This is not certain, however, because it may have been that Mrs. Barth and Mrs. Wittmes took the disease from the clothing of the Germans, which was washed, by one of them. Mrs. Barth (taken sick on May 3) probably contracted the disease about April 22, or about the time Bettit was taken sick. If these women took the disease from the clothing of Bettit and Barends, then it may have been that the little girl sick with small-pox on the Cimbria, was not as carefully isolated as she ought to have been, and that the clothing, baggage, etc., of the passengers of the Cimbria should have been disinfected at New York quarantine. If the women contracted the disease from Bettit, he probably contracted it on shipboard, just before or about the time of landing at New York, and this would tend to show that the child was not as carefully isolated as she ought to have been.

The foregoing facts and suggestions are presented in the hope that they may contribute to a more general understanding of the means needed for more complete protection from the importation of disease.

Another College Fallen from Grace.—It seems that even in Ohio there may be such a thing as a medical college which does not come up to the standard fixed by an "advanced medical education." This time it is located at Columbus. The *Maryland Medical Journal* has taken sufficient interest in the exposé to give a resumé of the situation, and we quote its version of it:

"The revelations brought to light through the instrumentality of Dr. James E. Reeves, of Wheeling, in reference to a medical college located in Columbus, Ohio, and known as the "Columbus Medical College," are so damaging to its reputation that we can hardly see how it can survive the odium into which it has been cast by them. One of the faculty, Dr. J. F. Baldwin, declared that "one man was graduated" from this institution "who didn't know what the iris was, nor the pupil; could not locate the mitral nor tricuspid valves; placed the valvulæ conniventes in the brain, and the ileo-cæcal valve in the rectum!"—adding "there were several of that sort." For this exposure it appears he was summarily ejected from his professorship. This has led him to make further revelations from which we learn that the leading spirit of this so-called college is a Dr. Hamilton—the Professor of Surgery—who owns the college building and a majority of the stock, so that he elects his own trustees and through them causes himself to be elected Treasurer and Secretary of the Board, and to be placed in charge of the building, and even of the dissecting material. Dr. B. also states that diplomas have been granted after attending but one course, or a small part of one course, or even without attending any course at all; that there are no hospital or clinical advantages except a surgical clinic once weekly, no museum worthy of the name, none but the crudest means of instruction, and only an ill-arranged college building. Yet this professes to be a regular college and is a member of the "American Medical College Association.

"May heaven defend us from ever witnessing in this community such things, or any approach to them, as have been brought to light in Columbus. May no rivalry, no supposed necessity, or engrossing self-interest, induce the authorities of our colleges to make any such sacrifice of decency, principle, and morality."

Man and the Bacillus.—Dr. J. Milner Fothergill, in a letter to the Philadelphia *Medical Times*, referring to Koch's theory of the origin of tuberculosis, remarks, half jocosely: "Talk of the bitterness of death! It is nothing to the shadowy danger which overhangs us of a tubercle-bacillus getting into one's pulmonary alveoli in an unguarded mo-

ment, and when one's 'resistive power' happens to be impaired. Shadowy in the sense of invisible, not unreal! Is this what is meant by 'the doom of a great city?' Is the bacillus a relative of the poison-germ which slew Sennacherib's host in a night? We do not yet know the little creature intimately enough to say. But, really, the horrors which the mind conjures up of the dangers of the bacillus in the future are demoralizing. Suppose, now, that some change of the human constitution should favor the bacillus, just as the potato-field did the Colorado beetle, who had been happily quiet in his dietary of the leaves of the deadly nightshade, but who went on the war-path when the leaves of the other members of the Solanaceæ came within his reach. The imagination fails to conceive what may be the fate of man—to be slain by a foe more remorseless than any of the plagues of Egypt. Suppose, now, that the bacillus took such a new departure, and got ahead of our 'resistive power.' Why, man would be swept off the face of the earth! What an ignominious end, too! Man, in the plentitude of his power over the forces of nature, slain by an insignificant little bacillus!"

INCOMBUSTIBLE MATERIAL.—At one of its last meetings, the Société d'Encouragement á l'Industrie awarded a prize of 1,000 francs to M. Abel Martin for his processes of making textile fabrics, etc., incombustible. The following are the recipes for the different preparations:

FOR LIGHT FABRICS.

	Kilos.
Sulphate of ammonia, pure	8
Carbonate of ammonia, pure	2¼
Boracic acid	3
Borax, pure	2
Starch	2
Water	100

Keep the solution at a temperature of 30° C. (86° F.), and immerse the fabrics; let them dry immediately, and reimmerse as in ordinary starching. The liquid costs about sixteen centimes per litre (twelve cents per gallon).

FOR PAINTED CURTAINS, THEATRE SCENERY, FURNITURE, WAINSCOTING, CRADLES, AND WINDOW SHADES.

	Kilos.
Chlorhydrate of ammonia	15
Boracic acid	5
Softened glue	5
Gelatin	1½
Ordinary water	100
Lime	q. s.

The mixture is kept at 60° or 80° C. (140° to 179° F.) until it is of the consistency of oil. Spread it over the materials with a brush, like varnish. For scenery already painted, spread the liquid on the unpainted side. Care must be taken to cover twice over the frame and posts. With one kilogramme, costing nine francs, twenty-one centimes ($1.98), five square meters (9½ square yards) can be covered.

FOR COARSE CURTAINS, CORDS, STRAW, AND WOOD.

	Kilos.
Chlorhydrate of ammonia	15
Boracic acid	6
Borax	6
Ordinary water	100

Keep the materials in the mixture at a temperature of 100° C. (212° F.) for fifteen or twenty minutes. The liquid costs twenty-three centimes the litre (18½ cents the gallon).

FOR PAPERS OF ALL KINDS.

	Kilos,
Sulphate of ammonia	8
Boracic acid	6
Borax	2
Ordinary water	100

Heat the mixture to 56° C. (138° F.) The litre costs fourteen centimes (eleven cents per gallon).

MIDWIFERY IN THE SANDWICH ISLANDS.—*British Medical Journal:* The brother (non-medical) of one of our members resident in Honolulu, gives the following description of the *modus operandi* of the Hawaiian mid-wife: "The midwives here are for the most part men—usually old men. When the woman's time draws near and labor commences, she is placed sitting on a man's knees, with her back to him. He then clinches his hands over her abdomen, and with all his strength hugs the woman to him, until the child is actually forced into the world, falling to the floor between the operator's feet. The umbilical cord is then cut, and always left very long. Then the woman is placed upon her feet, and the midwife takes her tongue and draws it steadily until she gulps or retches, this action causing the prompt ejectment of the after-birth. After this she goes and flounders about in the sea, and returns to land ready for such domestic duties as may fall to her lot or inclination. Native children are—as may be inferred from the way in which they are introduced to existence—very easily born; but should the baby stick at all, or make any bother about being born, then the mother knows it is going to be half white, as this latter kind of baby is so much bigger in the forehead. It is a wise child that knows its own father in this country. So well recognized is this fact that natives never ask, 'Who is your father?' but only, 'Who is your mother?' when they desire any acquaintance with one another's genealogy."

Dr. S. M. Miller, publisher of the American Practice, by I. J. M. Goss, M. D., advertised in last NEWS, wishes us to explain that the headline, "After Sept. 5th the price will be $5 in clo., and $6 in sheep," was intended only for advertisements appearing prior to September 5th. He fears that its appearance after that date, taken in connection with the price mentioned in the body of the advertisement, may confuse some readers, and it is to forestall any such possible effect that we now announce that the price of the book from this time on will be $5 for cloth and $6 for sheep.

Sir James Paget, in proposing the toast, "Prosperity of the British Medical Association," at the recent jubilee, uttered the following beautiful sentiment: "Do not let our disputes be very noisy on the scientific side. Remember always that it is only through clear and undisturbed water that you can see what lies at the bottom. In storms of controversy there is nothing to be found but the billow that moves to mischief, and the foam that disappears."

The London *Lancet*, in noticing the refusal of the American Medical Association to admit the delegates from New York because of their heresy, asks: "When will the British Medical Association take a similar course, and refuse membership to those who express their willingness to consult with homœopathic and other irregular, though qualified, practitioners?" Echo answers, "When?"

The professorship of anatomy at Harvard, now filled by Dr. Oliver Wendell Holmes, was founded in 1782. During these hundred years it has been filled by but three men—Dr. John Warren, Dr. Jno. Collins Warren, and its present incumbent, who assumed its duties in 1847.

The *American Medical Weekly* having reported that there lives in London a female opium eater who has had but four passages in a year, the *Medical Record* returns thanks for the fact that she lives in London. The St. Louis *Med. and Surg. Journal* then says that if she lived in New York she would raise Kane.

The Immigrant Inspection Service, instituted on the first of June last, has been ordered discontinued, owing to exhaustion of the appropriation at the disposition of the National Board of Health. There yet remains $100,000 which it has been left for the Marine Hospital Service to disburse, in assisting State boards of health in the case of threatened epidemics. Whether the Inspection Service will be continued under this appropriation remains to be seen.

Dr. Edward Cox, of Battle Creek, Mich., died at his residence on the morning of the 19th inst. Dr. Cox was a pioneer physician in this State, having been in practice for forty-two years. He was a man whose staunch integrity and bluff honesty made him warm friends wherever he became known. He was once president of the State Medical Society and was well known through the State. He died in the 68th year of his age.

The story of a noted Philadelphia laryngologist, who, on examining a girl with a relaxed uvula and mucous membrane of the throat, concluded that the cause of the difficulty was some uterine trouble, and for which he advised her to place herself under the care of her family physician. Her reply was: "Doctor, if I had known that you could see all the way down, I should not have come to you."

Buchanan, of infamous memory in connection with the Philadelphia bogus diploma mill, has served the term of his imprisonment and is once more at large. Possibly it was in anticipation of his near release that the Detroit Universiiy made a recent effort at resuscitation. That institution is now, however, beyond even Buchanan's power to aid.

A young lady who was given to airs was boasting of the alacrity of two young men, who, as soon as she entered the car offered to yield to her their seats. "Indeed, madam," said the old man, "they could not have done more for you if you had had the small-pox."

A French physician advocates some novel theories regarding women, and claims to know about them as well as anyone can who has dissected them much and loved them much.

Dr. Gross says that if the negro race can develop a great physician in a hundred years, it will prove its vast superiority to the whites, as they have required some two thousand years to accomplish the same feat.

The *Medical Bulletin* reports a case of ovariotomy in a girl but fifteen years of age, the tumor and contents weighing fifty-nine pounds.

It is now asserted by M. Polin, a public vaccinator, in *Gazette Hebdomadaire*, that in children suffering from hereditary syphilis, vaccination does not work.

Book Notices.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery. By authors of various nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Vol. II.
New York. William Wood & Co.
Detroit: W. L. Berry & Co.

The volume of this great work now before us opens with articles upon those affections, such as wounds, burns, abscesses and gangrene, which, though local in themselves, may be met with in any region of the body. Then follow elaborate articles upon the various venereal diseases—gonorrhœa, the simple venereal ulcer or chancroid, syphilis, vegetations, etc.—and in the latter part of the volume is begun the consideration of injuries and diseases of the various tissues of the body.

The editor has to deplore the loss by death of three of the collaborators, Otis, Hodge and Hodgen, who had been engaged to furnish articles to this volume. Of the three, one, Dr. Hodgen, had happily finished his task—the article upon ulcers—before death summoned him. The place of the first has been ably filled by Professor Conner, of Cincinnati, who contributes the chapter on gun-shot wounds, while that of Dr. Hodge, who had been engaged for Injuries and Diseases of the Bursæ, is supplied by Dr. Nancrede, of Philadelphia.

An exhaustive review of the volume is, in the

nature of the case, impossible in these columns, and we can in this notice only emphasize the opinion expressed in our notice of Vol. I. It is a great work and when completed will doubtless be the most exhaustive extant.

Of the mechanical execution of the work, scarcely more is necessary than to remind the reader of the name of its publishers. The illustrations demand especial mention. The chromo-lithographs are rare specimens of art, while the wood-cuts leave nothing to be desired. The volume, including the copious index (a very important matter in a work of this nature), numbers 754 pages.

PRACTICAL MEDICAL ANATOMY. A Guide to the Physician in the Study of the Relations of the Viscera to each other in Health and Disease, and in the Diagnosis of the Medical and Surgical Conditions of the Anatomical Structures of the Head and Trunk. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy, and Late Lecturer on Genito-Urinary and Minor Surgery in the Medical Department of the University of the City of New York, etc., etc.
New York: Wm. Wood & Co.

MENTAL PATHOLOGY AND THERAPEUTICS. By W. Griesinger, M. D., Professor of Clinical Medicine and of Mental Science in the University of Berlin, etc. Translated from the German (second edition) by C. Lockhart Robertson, M. D., Cantab. Medical Superintendent of the Sussex Lunatic Asylum Hayward's Heath: and James Rutherford, M. D., Edin
New York: Wm. Wood & Co.

DISEASES OF THE RECTUM AND ANUS. By Charles B. Kelsey, M. D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc.
New York: Wm. Wood & Co.

The three volumes whose title pages are here reproduced are respectively, the June, July and August numbers of Wood's Library of Standard Medical Authors for 1882.

Of the first of the three it is sufficient to say that its title gives a conception of its scope. Its chief value consists in its condensing within easy limits, facts which exist in a scattered form throughout medical literature, and in places where the practitioner can not always find them. This is its *raison d' être*. A chapter of 40 pages on the "Human Face in Health and Disease and its Value as a Guide to Diagnosis," had previously appeared in the *N. Y. Medical Journal*. It is interesting, but strikes us as if it was put in the volume mainly to add to its size.

The author of the second volume named is noted in his specialty, but he has nevertheless admirably adapted his book to those whose education in the subject discussed has not been technical. The question of insanity has become an important one within the past decade, both on account of inherent importance and because of its frequent advancement as a reason why criminals should be absolved of guilt in their crimes. To the general practitioner who knows enough about insanity to realize the sorry figure he cuts when entering the witness stand as an insanity expert, the little book will prove of much value. It will, however, like any other book on its subject, be valueless to him who, because he may on several occasions have lifted a brain from the skull, and have slashed it open to see the ventricles and several points of interest, arrogates to himself the position of an expert and professes to follow out the workings of the human mind in its aberrations. Such a one is hopelessly conceited and beyond the power of any book to instruct him.

The third of the three volumes is by a practical man, and for practical men. While the rectum is not exactly a terra incognita, the general practitioner seldom investigates it beyond the second joint of his index finger. It has received comparatively little attention, a fact which is inconsistent with the fact it is the seat of much disease. Dr. Kelsey has had abundant opportunity for observation and experiment and his admirable book is such an effort as a competent observer and clear writer would naturally be expected to give under the circumstances.

A POCKET-BOOK OF PHYSICAL DIAGNOSIS, FOR THE STUDENT AND PHYSICIAN. By Edward T. Bruen, one of the Physicians to the Philadelphia Hospital and Dispensary of the Children's Hospital; Demonstrator of Clinical Medicine and Lecturer on Pathology of the Urine, in the University of Pennsylvania; etc. With Wood Engravings.
Philadelphia: Presley Blakiston, 1012 Walnut Street.

One physician is a more successful practitioner than another principally because he is a better diagnostician. There may be such a thing as an intuitive faculy, which scorns all aids and jumps at once to a correct conclusion. We hope at least that there is in some a faculty of this nature, for their responsibility must be fearful if they depend for their diagnosis solely on what they know of the demonstrable divisions of medicine. The little book before is not, we take it, intended for such, but is designed for those who, believing that symptomatology is the study of the expression of pathological changes, seek to unearth all the symptoms in a given case by a discovery of the objective physical signs, and such an interpretation of these signs as can alone be arrived at through a knowledge of pathological processes. To the student or physician who adopts this method of arriving at his conception of what ails the patient, the book before us must prove an invaluable aid. It is small enough to be carried in one's pocket and at the same time large enough to refresh one's memory on points more exhaustively discussed in standard works. Its arrangement is such as to permit of much condensation, without being superficial; it is a *multum in parvo*. It is a vade mecum which merits commendation.

THE CHANGE OF LIFE IN HEALTH AND DISEASE. A Clinical Treatise on the Diseases of the Ganglionic Nervous System Incidental to Women at the Decline of Life. By Edward John Tilt, M. D.
Philadelphia: P. Blakiston & Co.

Dr. Tilt has distinguished himself by his opposition to the rash and indiscriminate use of the knife in the treatment of uterine diseases, and particularly by opposing some of the views entertained by Sims and Emmett concerning the pathology of the lesions in which they claim such success in curing by incisions and sutures. In his work he has given us as careful

a statement of the mysterious diseases incident to the most critical period in the life of woman, as the eminent position which he holds in the minds of honest and patient practitioners all over the civilized world would lead us to expect. Judiciously compiled tables and sound practical deductions therefrom, are an unusually valuable feature of the work. The practitioner who reads them and is not afterwards better informed about the change of life, and more competent to treat the many diseases often overlooked at that time is undeserving of the esteem of the community which tolerates him. The information contained in the work simplifies the study of all diseases of women by giving the physician a more accurate and extended knowledge of the peculiarities of women. It lifts the veil and reveals the secrets of the gynæcologist in a most thorough and satisfactory manner.

The chapter devoted to the physiology of the change of life discusses the range of ovarian power, establishes the legal dates of protracted parturition, defines the indication for the surgical induction of the changes of life and closes with an account of the compensating agencies, flushes and perspirations, hemorrhages and obesity incident thereto.

Part second of the work discusses the general pathology, principles of treatment and hygiene of the change of life. Part third, and last, is devoted to diseases of the ganglionic system of nerves, diseases of the brain, neuralgic affections and diseases of the reproductive organs, etc., peculiar to the menopause.

THE EXPERIMENTAL METHOD IN MEDICAL SCIENCE. Second Course of the Cartwright Lectures of the Alumni Association, College of Physicians and Surgeons, New York. Delivered by John C. Dalton, M. D.
New York: G. P. Putnam's Sons.

Dr. Dalton is the author of the well known textbook on physiology and has been recognized for many years as one of the ablest exponents of the experimental method in the study of physiology. He has given us in a small volume of 108 pages three lectures which illustrate the experimental method in medical science.

Lecture first is devoted to Galvani and galvanism in the study of the nervous system, and refutes some commonly accepted notions concerning Galvani and the department of physical science which has taken his name.

Lecture second deals with Buffon and Bonnet in the eighteentn century and is a fair exposition of the former's theory of organic molecules, and the latter's theory of the inclusion of germs.

Nothwithstanding both these doctrines are now considered obsolete, they were once considered of sufficient importance to be test questions in the controversies of the times of Louis XV.

Lecture third is entitled "Nervous Degeneration and the Theory of Sir Charles Bell." It is a resumé of the history of the investigations which have been made of the alterations of structure taking place in nerves after they have been divided by transverse section.

The three lectures make good reading for the busy practitioner, are full of suggestions, and serve to brighten one's idea of the physiology of man.

Original Articles.

Polypus of the Womb.

A CLINICAL LECTURE BY WM. GOODELL, M. D., PHILADELPHIA.

Polypi of the womb are usually very easy of recognition. They hang down into the vagina, and by passing your finger through the vulva and along the stem of the polypus you can easily get it or a sound into the womb and assure yourself that it is really a polypus and not an inverted womb that you are dealing with. Here the diagnosis is more difficult. I find what may be either a very large polypus or an inverted womb, hanging down in the vagina and projecting slightly from the vulva. I attempt to guide my finger along the side of this tumor into the womb, but find that I cannot. There seems to be a complete connection all the way round between the sides of this body and those of the cervix uteri. Let me insert one finger into the rectum, and with the other hand make pressure above the pubes. I certainly feel between my finger and hand a solid body, shaped like the womb, and situated exactly where the womb should be. Now, if this body is the womb, why am I not able to get my finger into it by following the pedicle of the supposed polypus? It is very strange; let me try once more. Yes, here is one spot where there seems to be an opening; not large enough for my finger, indeed, but I ought to be able to get a small sound through it. I am right, there is a very small orifice here, and by using a little force I am able to push my sound through it. How far does it go beyond this opening? Only one inch and a half. This opening must lead into a womb, and yet one inch and a half is very short measurement. I insert the sound again, and this time it goes in further, two inches and a half. Now, with the sound inserted and my hand on the abdomen I am able to map out the exact size and position of the womb, for womb I am sure it is. This womb is not inverted, not even slightly cupped, but is entirely normal. I might make assurance doubly sure by passing my finger into the bladder through the urethra, but I am so certain of my diagnosis that I do not consider this necessary in the present case. I have enlarged the opening slightly with a dilator, and have succeeded in getting my little finger into the cavity; yes, there is no doubt that the womb is normal and in its usual site. Polypus of the cervix uteri is a somewhat rare affection, although I very often come across cases of polypus of the womb. This woman tells me that she has been bleeding since last spring. While I have been talking you have noticed this stream of blood slowly issuing from the vagina. What is to be done for her? I think I can cure her entirely by removing the polypus. How do I do this? The woman being

now thoroughly etherized I take hold of the polypus and by pulling upon it bring the cervix well into view. You see how complete is its connection with the cervix except at this one little point. Let me give you a hint. Suppose a polypus is so large as to fill completely the vagina. How are you to get it down and out? Why, just put on the forceps and deliver it as you would a child's head. If at any time you meet with a tumor so large as to fill up the whole vagina you may rest assured that it is not an invered womb; an inverted womb is never of such size. Having brought the base of the polypus and the cervix uteri well into view (the anterior portion of the neck of the womb has, you see, become slightly hypertrophied), I begin by cutting a little groove through the mucous membrane of the base of the polypus, so as to lodge my wire écraseur and keep it from slipping. You know, of course, that my object is to cut this growth bodily off. I might do this with a knife or with the galvano caustic loop, but the first might cause serious hæmorrhage, and the galvanic battery required for the other is so capricious, so likely to get out of order that I much prefer the simple wire, not the chain, écraseur. While I have been talking to you I have carefully cut a groove all round the base of the polypus, studiously avoiding any injury to the cervix. This cutting has caused but little bleeding. Now I will get my assistant to fix the wire in place and begin to tighten it very slowly—very slowly, because this is a tough myoma to be removed, and if I attempt to do the work of cutting rapidly the wire is very likely to give way. While the assistant is at work let me give you a point about fastening the ends of your wire. There is what is known as the "traveling button" in an écraseur. In this case, as I want a crushing action, I have fastened both ends of the wire to this button; each end comes down together, and so the loop simply crushes through this musculo-fibrous mass. But suppose I desired a semi-cutting action; then I should fasten one end of the wire to the "traveling button" and the other end to the handle of the écraseur. I am using to-day for my loop a piece of piano-wire—wire used for producing the upper notes of the piano. A gentleman of this city makes what is called a phosphide of iron wire for this purpose, and claims that it is stronger; but I have given his invention a fair trial and do not think it any better than the piano wire. You see how nicely the wire is crushing its way through without causing any hæmorrhage. A little more—now, the whole polypus has come away.

A Case of Spontaneous Rupture of the Spleen—Death.

BY F. M. CALKINS, M. D., ALLEGAN, MICH.

Mrs. C., æt. 45, farmer's wife, in usual health, retired to bed at the usual hour on the evening of Sept. 16. At about one o'clock in the morning she was awakened by a severe pain within the abdomen. She described the pain as tearing, as if something was giving way. I was not called until 12 o'clock, noon, and when I reached the bedside I found the patient pulseless and in a complete state of collapse. She rapidly sank and died one hour after my arrival. From the previous history it appears that thirteen years previous to her death she had suffered severely from malarial fever, which resulted in an enlarged spleen. The splenic enlargement increased in growth for about three years, when it apparently ceased to increase in size. The tumor, as examined through the abdominal walls, was located in the region about midway within the left lumbar and inguinal spaces and from its position had been previously diagnosed by some as ovarian tumur. The enlargement of late years had caused the patient but little trouble or anxiety. It sometimes at long intervals gave her a few hours of severe pain, but passing off left her apparently well.

With the assistance of Drs. Amsden and Thomas, I made a post mortem examination, twenty-four hours after death. We found upon opening the peritoneal cavity a large quantity of blood, which, being removed and weighed, amounted to six and one-half pounds. We next discovered a large blood clot in the left inguinal region, and in attempting its removal found it attached to the lower and convex surface of the displaced spleen. The spleen was lying in the lower lumbar and upper inguinal regions. Upon its removal we discovered a rent or tear upon its inferior and convex surface, measuring in length five and one-half inches. Its weight was two pounds and ten ounces, about six times its average weight. No microscopical examination of its tissue was made. Its peritoneal covering was, by inflammatory adhesions attached, to the abdominal wall, showing previous local peritonitis. The other abdominal viscera appeared normal. The general appearance of the spleen did not indicate great softening and its rupture was in our judgment due to over distention of the organ by blood engorgement.

Selections.

MANAGEMENT OF THE PLACENTAL STAGE OF LABOR.—F. Paul Festner gives in an inaugural dissertation an interesting resumé and comparison of the various and often conflicting opinions of the great writers and teachers, and an attempt to draw from them some safe general rules for the care of the lying-in woman during the delivery of the placenta.

Opinions vary in the first place as to the physiological method of expulsion, some claiming that the contractions of the uterus alone expel the placenta, others that it is due entirely to a formation of a large blood clot behind it which forces it through the cervix, while others hold various opinions as to the methods in which the blood separates the membranes. The author concludes, with Credé and Fritsch, that the contractions have most to do with it, but that in some cases the blood clots also aid, especially in loosening the membranes.

Credé makes four historical periods in the treatment of the placental stage:

1. Up to Euchar. Rösslin, 1513:—The child re-

mained attached to placenta and its weight was made use of to draw it out, or if the child was detached a weight was attached to the cord. Moreover, all imaginable manipulations were used, the woman tossed in sheets, smoked with various substances. and numerous internal remedies given.

II. Period. Rösslin to Mauriceau, commencement of the eighteenth century:—Drawing out of the placenta in the most rapid manner possible.

III. Period. The expectative method brought into use in 1725 by Ruysch. Discovery of a circular muscle in the fundus which forced the placenta out (Alpli, 1776).

IV. Period. From 1800 to 1850:—The conviction becomes stronger that the placental period is physiological, as well as the first stage, but that it may also be pathological. Two factions arise. Osiander, Riecke, Hohl, d'Outrepont are for active procedures, Wigand and Siebold for expectative methods, while midway stand Nægele, Busch, Stein, Ritgen and others.

Both methods had their advantages and disadvantages, both their dangers. All were agreed that the sooner the placenta was delivered the better, provided the means used to deliver it were not dangerous. Then came Credé with his celebrated "hand-expression," than which Fritsch says "there is no better method." It had been used before, but was perfected and brought into notice by Credé and he deserves the credit of it. His description is as follows: "I have so far in innumerable cases always succeeded, even with the weakest uterine pains, in causing artificial and strong contractions in from a quarter to a half-hour after the birth of the child, by rubbing, at first softly, and afterward more firmly, the fundus and body of the uterus through the abdominal wall. As soon as these reached their height I seized the whole uterus in the hand and extended fingers and exercised a gentle pressure. I always felt the placenta slip out from under my fingers, usually with such force that it came entirely out of the vagina or reached its lower part." This is Credé's method, further details being omitted. For years it was accepted as *the* method, but of late, within two or three years, some opponents to it have arisen, principally Dohrn. Festner takes up the arguments for and against the proceeding. There is no place here for this discussion. All methods are mentioned, even to the purely expectative method employed at Strassburg, where three hours is an average period for delivery of the placenta and where it often is left twelve hours in the uterus. The disadvantages of this and other methods are presented and supported heartily by his teacher, Prof. Fritsch. Dr. Festner concludes that Credé's method, carefully carried out, not hurriedly with the second act, the expression, begun too soon, is by all means our best procedure. According to Fritsch, he makes a slight variation in the direction of the pressure, making it not so much from the fundus downward, but from before backward, squeezing the uterus between the hand and the sacrum, and at the same time straightening out the canal which was made crooked by the anteversion which occurs after delivery of the child.

In conclusion, his management of the placental stage is this: As soon as the child is born, its nose and mouth must be cleaned and its eyes washed with a two per cent. carbolic acid solution (Olshausen). One hand of the obstetrician guards the uterus with gentle pressure, the other watches the pulse. After some moments the cord is tied and cut. The uterus (generally now dextroverted) is pushed into the middle line and the fundus rubbed till contractions occur, when the placenta is to be pressed out during one of these. The uterus must be watched by the hand for one-third to one half hour longer and then a dose of ergot given. The midwife may be allowed to do this if well taught, and to take the placenta from the vagina, but should not be allowed to put the hand into the uterus.

Two things may prevent success. 1. Tetanus uteri; 2. Adherent placenta. Fritsch believes that in tetanus uteri the whole uterus and not the cervix alone is contracted. He doubts whether it is ever caused by ergot. Treatment is by chloroform, dilatation of the cervix by the fingers, and removal of the placenta with the help of pressure from without. A good point is made by Fritsch for seizing a placenta when button-holed in the cervix. It is to bore through it with one finger near the cord and hook into the large, strong vessels in that situation. As to adherent placenta, Credé absolutely denies its occurrence or existence, while Fritsch, Schröder, and others, though denying the existence of an adherence of the surface of the placenta, claim to have met with rare cases in which—from some inflammatory affection of the uterus either before or during pregnancy—there were bands of connective tissue which bound portions of the placenta to the uterine walls. These had to be broken with the finger. If inspection of the placenta, after its removal by Credé's method, shows that portions of it have been left, these are to be carefully removed by the hand, aided by external pressure. The uterus is then to be watched by the midwife for about an hour, when the greatest danger of hemorrhage is past.—*American Journal of Obstetrics.*

Cerebral Irritation in Children,—The *Annales et Bulletin de la Societe de Medecine de Gand* for May 1882, quotes from the *Practicien* an article by Dr. J. Simon bearing the above title. Dr. Simon lays stress upon the fact that this form of cerebral irritation differs very markedly from the affection as seen in adults. He defines it as a slowly progressing neuropathic condition, unaccompanied by any organic lesion, beginning in early infancy, and throughout its course entirely free from any accompanying febrile action. It is not incurable, but, unless subjected, almost from the start, to a treatment both careful and systematic, and, above all, persistent, it will lead inevitably either to sclerosis of the brain or to epilepsy, meningitis, etc.

The child affected with cerebral irritation is one in whom nervous reaction is exaggerated, and in whom over-active cerebral circulation gives rise to a condition of irregularly disseminated congestion. Such a child is commonly the offspring of parents having the nervous diathesis, the subjects, perhaps, of some distinct neurosis, and not infrequently the victims of chronic alcoholism. Syphilis in the parents is another predisposing cause. As immediate exciting causes, we have exposure of the child to the excitements of society life, especially as it exists in large cities, and also the use of tea, coffee, or wine.

Beginning even in the infant at the breast, cerebral irritation may persist up to the fifth or sixth year of life. At this age it either disappears or undergoes a modification of its character, as it now shows itself under the form of epilepsy, sclerosis, meningitis, etc. The symptoms of cerebral irritation in the child do not lead the parents to suspect either existing or threatened disease. By them the child is merely regarded as wilful, capricious, nervous, excitable, restless, etc. He is subject to night terrors, to sleeplessness, is easily agitated by day, and shows fickleness in his moods, while a general lack of harmony is observable in his actions. The cuta-

neous sensibility is disordered. To a careful observer many of the symptoms would seem to point to the approaching onset of some acute inflammatory disorder, such as pneumonia, scarlatina, or typhoid fever, but there is never any rise of temperature, neither is there any delirium. Again, there are no persisting epileptiform phenomena, no paralytic attacks, no motor disturbances, such as succeed the congestive attacks of cerebritis or cerebral sclerosis. This condition is, as before stated, a frequent sequela to the purely irritative morbid condition mentioned, and, unlike the latter, is accompanied by organic lesions.

The prognosis of cerebral irritation in children is necessarily serious. Nevertheless, not fatal, as serious consequences may be averted by rigorous and persistent treatment. For the success of such treatment the physician must have entire control of the case. While constantly on his guard against the ever threatening termination of the condition in cerebral sclerosis, the physician must be prepared for the occurrence of eclamptic seizures. They are, indeed, very easily provoked, and, if freqently repeated, predispose in their turn to cerebral congestions. A complete cure, however, is not to be despaired of, even though, as the result of such attacks, the patient be brought, as it were, upon the very verge of sclerosis. Symptoms due to attacks of cerebral congestion will sometimes be more marked upon one side of the body than upon the other. This may be true of a sense of formication, or, perhaps, we may find a slight degree of weakness in a single limb, or it may be in the upper and lower limbs of the same side. All such phenomena being in pure cerebral irritation of children extremely transitory in their nature.

In most cases, cerebral irritation quite disappears after a certain age. Nevertheless, occasionally it appears to lie dormant and ready to break out in severer cerebral symptoms on the advent of some intercurrent malady.

Treatment should be both hygienic and by drugs. As a main factor of the hygienic treatment, the child must be carefully guarded against excitement of all kinds. Among drugs, Dr. Simon has found bromide of potassium by far the most efficacious. He gives it in steadily increasing doses until a slight degree of prostration is produced. To a child of two years he administers as much as a gramme per diem at the start, dividing it into three doses, and invariably directing that it be taken before meals. This quantity he increases to a gramme and a half, and then to two grammes per diem, and continues giving the latter amount for four or five days. The dose is then progressively diminished. In no case, however, should the drug be completely suspended for any length of time. Treatment must be kept up until every nervous symptom has disappeared.

Besides potassium bromide, Dr. Simon employs mild derivatives, preferring the application of dry cups along the upper portion of the spinal column, and at points on a level with the mastoid processes, rather than the use of vesicants. Tepid baths he also recommends, as well as certain medicated baths, *i. e., bains de tilleul, bains de valériane.* The use of electricity or of the douche he strongly condemns, and he considers sea-air objectionable. Constipation is, of course, to be avoided, as tending to induce cerebral congestion, and the digestive organs must receive careful attention.—*Medical Record.*

M. Pasteur has announced that he will read a paper on the "Attenuation of Virus" at the meeting of the International Congress to be held at Geneva.

Action of Quinia and Salicylic Acid on the Ear.—In order to ascertain whether the noises in the ears produced by salicylic acid and by quinine are due to a congestion of the labyrinth, Dr. Kirchner has instituted some experiments in the pharmacological laboratory at Würzburg. The noise in the ears is sometimes accompanied by giddiness and deafness, which, usually ceasing when the medicine is discontinued, sometimes persists as a serious malady. Kirchner employed in his experiments rabbits, cats, dogs, and guinea-pigs. His conclusions are that both these agents cause hyperæmia of the tympanum, which may go on to hemorrhage, and that the whole of the labyrinth participates in the congestion. It may become so intense that, if it lasts long, it will cause of necessity an alteration in the nerve filaments, and it may lead to exudation. This congestion he regards as produced by a vaso-motor mechanism. In this conclusion, however, another series of observations made by Weber-Liel and Guder does not agree. They observed carefully the symptoms produced in certain healthy individuals by a moderate dose (fifteen grains) of quinine, and noted, during two hours and a half, a gradual fall in the temperature of the external auditory meatus, corresponding to the diminution in the general temperature of the body. No hyperæmia could be detected in the meatus the membrana tympani, or the handle of the malleus, either during this period or later. On the contrary, in five cases a slight hyperæmia which existed previously was found to disappear. The subjective noises in the ears come on at the end of an hour and a half and continue for ten to twelve hours, while the deafness comes on one or two hours later than the tinnitus, and is greatest at the time that the general temperature of the body is lowest. Similar experiments were made with salicylic acid. Four or five grammes of salicylic acid caused a diminution in the temperature of the external auditory meatus, which falls in the course of two or three hours to 95°. No indication of congestion could be discovered, and, as in the case of quinine, previous hpyeræmia became lessened. Noises in the ear came on later and lasted longer than in the case of quinine. The deafness is very marked, and continued in some instances for several days, and in some cases, in which there existed previous ear disease, the loss of hearing was more prolonged, enduring in one case for nine months. In more than half the cases giddiness came on a little after the subjective symptoms. Comparing the effects of salicylic acid and quinine, it appears that the former causes a less considerable depression of temperature and a more prolonged diminution in hearing. It is difficult, therefore, to ascribe the aural effects either to congestion or to anæmia, and if these observations are reliable, it would seem to be due to a primary nervous influence.—*Lancet*, Aug. 26, 1882.

Pyæmic Pneumonia and Peritonitis from Retention of a Piece of Sponge in the Vagina.—About the end of July, 1881, a woman, aged about twenty-four, came under my care at the Saint Marylebone Infirmary, where I was then resident surgeon. When admitted, she was partially unconscious, not being able to answer when spoken to. Her breathing was quick and labored, and I found that both lungs were completely dull, and no respiratory sounds could be heard except in the region of the throat. She had no cough, neither did she expectorate. Her abdomen was very tense and painful when touched. The left knee was consider-

ably swollen. Her eyelids were constantly closed, with both pupils slightly but unequally dilated. The pulse was 122, weak and very compressible; the lips dry and brown, without sordes; the tongue dry, brown and cracked; the breath very offensive, and the face covered with beads of sweat. The patient never rallied, and died two days after admission. The hectic flush was not present. For about six hours previous to death the sweating was most profuse.

At the necropsy both lungs were found to be almost completely solid from congestion; numerous pyæmic abscesses were scattered through their sub stance. Both pleuræ were adherent from recent deposit of lymph. (This latter fact was remarkable, as I believe it is rare to get any fibrinous formation in pyæmia.) The surfaces of the pericardium were covered with a fibrinous deposit, not adherent. The fluid in the pericardial sac was of a dirty white color, which, under the microscope was found to result from the presence of cells, much resembling pus. The heart was otherwise healthy.

In the abdomen, the peritoneal surfaces were adherent from recent deposit of lymph, and much pus lay in the abdominal and pelvic cavities. Numerous small abscesses were scattered throughout the substance of the liver. The spleen was about three times its average normal size from congestion, but free from abscesses. The stomach, intestines (with the exception of the rectum), kidneys, capsules, and pancreas appeared to be healthy. Both ovaries were congested. The pelvic cavity was full of a purulent fluid, tinged with blood. On removing the pelvic contents, a recto-vaginal fistula was discovered, the indurated condition of its edges showing it to have existed for some time; the whole of the rectum was ulcerated. A large abscess, about the size of an ordinary orange, occupied the posterior cul de sac of the vagina, with an opening on its peritoneal surface. The entire vaginal canal and the neck of the uterus were in a state of ulceration. A piece of sponge, three and a half by two inches in size, lay in the upper part of the vagina and partly in the uterus, the os of which was much dilated. It was sodden with a dark, offensive fluid. I concluded that the immediate cause of death was the congested condition of the lungs, hastened by the peritonitis, and that the pyæmic abscesses in the liver and lungs resulted from the ulceration of the rectum, in the same way as hepatic abscess occurs in dysentery. The peritonitis was evidently caused by the rupture of the vaginal abscess into the abdominal cavity.—*British Medical Journal.*

Purpura Hemorrhagica Variola.—Dr. J. L. Cleveland, the President of the Cincinnati Academy of Medicine, reported the following instance of complications of variola:

July 30th I was called to see F. R., female, æt. 12 years. She was walking around the house, and did not seem to be seriously sick; temperature 101, pulse 100. The history of malarial fever of three or four days' duration was given. The next day there was no material change in the symptoms, and no uneasiness was felt in regard to the case. The third day the chill was worse. An eruptive fever had begun to show itself, and a few papules had developed on the face and back; the papules had not appeared at other points. The face and conjunctiva were congested as though the eruption was going to be thick. On the back the papulation was irregular, and some of the papules were vesicular and resembled chicken-pox. The symptoms seemed mixed, though I expected varioloid to be developed fully in a few days. The symptoms did not present anything alarming. On the fourth day the scene had entirely changed; the patient had rested badly during the night, and had suffered with distressing nausea since the afternoon of the preceding day, during the night and up to the time I saw her at 9 A. M. At this time she was uneasy and kept tossing about the bed; her respiration was sighing and labored. The skin was of a dark, sodden, scarlet hue, deeper colored in the face and body than on the extremities. There were bluish-black hemorrhagic spots all over the body. These varied in size, some few blotches of irregular shape being as large as the finger nail, and small round spots and many petechial points; there were hemorrhagic spots under the conjunctiva. The tongue was swelled and was so anæmic that it looked almost white, and along its side was the impress of the teeth; temperature 103, pulse 100 and full; expression anxious. At 10 A. M., Dr. Geo. E. Jones saw the case with me, the symptoms were then as above described, except that the cutaneous congestion was not so marked. The patient rapidly succumbed and died at 1 P. M., of the same day. The papules had entirely disappeared and the skin was smooth to touch.—*Lancet and Clinic.*

Treatment of Gonorrhœa by Injections of Sulphurous Acid Diluted with Water.—For some time I have treated all cases of gonorrhœa with injections of sulphurous acid diluted with water, and as the results in my hands have been very satisfactory, I write in the hope that others may be induced to give this method a trial.

I do not offer any theory on the subject, I simply state the fact that I have now treated sixteen cases of gonorrhœa, using no other medicine, and they all returned to duty in an average of six days. I have not observed a relapse or any bad effect. The majority of the cases were second attacks, but those suffering from primary attacks of the disease recovered equally fast.

When I commenced this method of treatment I used much stronger injections than I do at present. I find sulphurous acid, one part to fifteen of water, quite strong enough for most cases. The rules of treatment I recommend are: Place the patient on low diet, and administer injections of sulphurous acid diluted in water one to fifteen, three times a day, no other treatment being necessary. I find it is necessary for the attendant to give the injections, for if it is done by the patient it is never well done, most of the fluid escaping back outside the nozzle of the syringe. The injection should be kept in the urethra from three to five minutes. If the patient complains of much pain, or if there is a tendency of chordee, it will then be sufficient to administer the injection once or twice in 24 hours.

If these instructions are strictly followed the purulent discharge will become scanty at the end of the first day, and on the third it will be replaced by a thin, gleety discharge, which also disappears in a couple days. While this watery discharge lasts I usually administer only one injection daily. I find that the first injection frequently causes pain, which is not so much complained of afterwards.

I, therefore, in a few cases give the first injection very much diluted—one in twenty, afterwards using one in fifteen. It is necessary to see that the sulphurous acid is fresh and good before it is diluted to the required strength.—W. D. Wilson, M. D., in *London Lancet.*

Ophthalmic Aphorisms.—Dr. J. J. Chisholm, of Baltimore, gives the following valuable aphorisms in a report presented to the Maryland State Medical Society at its last session:

1st Aphorism—*Do not blister.* In forty-nine applications out of fifty, as I find it used by physicians at large, it is an additional and useless torture to the eye disease from which the patient is already suffering.

2d Aphorism—*Do not use nitrate of silver.* As constantly prescribed by general practitioners, it is not beneficial in one case out of one hundred, and therefore is a very painful infliction to the ninety-nine who would have been so much better off without it.

3d Aphorism—*Do not prescribe sugar of lead.* In every case zinc, tannin or alum is better, and then there is no fear of having insoluble deposits incorporating themselves with the exposed surface of corneal ulcers.

4th Aphorism—*Always use weak solutions of the mineral and vegetable astringents* in the treatment of eye inflammations which attack the mucous surfaces, and restrict their application to conjunctival diseases exclusively. One grain of alum, sulphate or chloride of zinc, sulphate of copper or nitrate of silver, in an ounce of water, will in the majority of cases of conjunctival diseases, do much more good and give much less uneasiness than the very painful five and ten grain solutions which are so often injuriously prescribed by physicians.

5th Aphorism—*Solution of the sulphate of atropia,* from one to four grains to the ounce of rose water, is an essential eye-drop in the treatment of acute iritis, to break up newly formed adhesions. One drop of the atropia solution in an inflamed eye is a most valuable means of establishing the diagnosis whether iritic complications exist or not, and should be used in most cases of eye inflammation to find out whether there are any adhesions of the pupil to the lens.

6th Aphorism.—*Eserine in solution of one grain to the ounce of water* is the remedy for purely corneal lesions.

7th Aphorism.—When physicians are in doubt as to the character of an eye disease, they should seek a consultation from specialists, who are more familiar with eye diseases than general practitioners can possibly be. Such timely aid often saves the patient a lifetime of trouble.

If physicians would commit to memory and keep at their finger ends, and ready for use, these simple aphorisms, the amount of mental and bodily suffering which they will prevent in their eye patients is beyond calculation. While all good rules have necessarily many exceptions, they may safely follow their simple guidance.

How to Demonstrate Tubercle Bacilli in the Sputum of Phthisical Patients.—Baumgarten recommends the following method as more convenient than that employed by Koch, and as equally efficacious: A portion of the sputum is dried on a cover-glass and then treated with potash—one or two drops of a thirty-three per cent. solution of caustic potash added to a watch-glass of distilled water. The tubercle bacilli can then be readily seen with a magnifying power of four or five hundred diameters, and a little pressure renders them still more distinct from the enclosing detritus of tissue. In order to preclude the possibility of confounding the bacilli of tubercle with those of other species, the cover-glass may be raised and placed aside until the layer of fluid on its under surface is dry, and then passed two or three times through a gas flame, and then on it may be placed a drop of an ordinary watery solution of aniline violet or any other nucleus-tinting preparation of aniline. All the putrefaction bacilli appear under the microscope as an intense blue or brown (according to the testing agent and its strength), while the tubercle bacilli remain absolutely colorless, and can be seen with the same distinctness as in the ordinary potash preparation. The whole process does not occupy more than ten minutes.

A New Way to Detect Stone in the Bladder.—Dr. James McKenzie Davidson, in the *Lancet*, calls attention to the "auditory method" of detecting vesical calculi. This simple method consists in connecting the end of the catheter with the ear of the surgeon by means of an india rubber tube. A light rubber tube two feet long and with a bore three-eighths of an inch in diameter was employed. One end was slipped over the handle of the sound and the other end held close to the ear. No difficulty was experienced in exploring the bladder, because the tube was so flexible, and it only required a little care to prevent the interference of extraneous noises, as rubbing against the coat, etc. A small calculus was introduced into the bladder (for experiment) and when nothing could be heard or felt by the sound alone, yet by means of the tube the calculus was distinctly and unmistakably heard. With a large stone the click was greatly intensified when heard through the tube. A small piece of coal was crushed to rough powder and introduced into the bladder. The ordinary method revealed nothing, but through the tube a rough, grating sound was distinctly heard.

This method of exploration of the bladder may yield important practical results. Not only may (1) a small calculus be detected which would be otherwise overlooked, but (2) it may be that practice will enable the operator to distinguish the size and character of the surface of a calculus readily; and (3) it also appears likely that a somewhat similar ear connection with a lithotrite will enable the operator to find and secure small fragments more readily, and so crush them.—*Medical and Surgical Reporter.*

Treatment of Acute Dysentery with Aconite.—Dr. Wm. Owen reports one hundred and fifty-one cases of acute dysentery occurring in the Convict Hospital, Port Blair, India, which were treated with tincture of aconite; all the cases were typical examples of acute dysentery and all, with one exception, recovered. He states that he was led to give aconite a trial, as the remedy most likely to be successful, from the following considerations:

(1.) From its beneficial action in other acute inflammations.

(2.) From its effects on the capillaries of the skin, which it dilates, thus relieving internal congestion.

(3.) From its antipyretic action in febrile cases.

(4.) From its sedative action on the mucous membrane of the stomach and intestines, and its beneficial action in some forms of dyspepsia. In the first case in which he tried this remedy he was somewhat diffident, and he had ten cases in which a combined treatment of ipecac and aconite was used. However, he soon discontinued the ipecac entirely, finding there was no occasion for its use.

Dr. Owen gives one minim every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims in twenty-four hours; this method he finds to be followed by the best results, inasmuch as the action of the medicine is

more rapidly established, and an effect on the disease was more quickly produced than by the other methods.—*Indian Med. Gazette*, April 1, 1882.—*Philadelphia Med. News.*

ANTIDIPHTHERITIC INHALATIONS.— Some years ago, Dr. H. Hager recommended a mixture composed of

Carbolic acid	10 parts.
Alcohol	10 "
Water of ammonia	12 "
Distilled water	20 "

as an excellent inhalation in catarrhal affections. It was directed to be used thus: A small wide-mouthed bottle was to be filled one-third with the liquid; then a sufficient quantity of cotton was to be introduced to just soak up all the liquid. The bottle was then to be well stopped. In coryza, incipient catarrh, or similar affections, the inhalation through the nostrils of some of the vapor of the compound was found to be of the greatest benefit.

The same author now recommends a still stronger compound, to be made from

Carbolic acid	10 parts.
Oil of turpentine	5 "
(or oil of Eucalypus.)	
Water of ammonia	12 "
Alcohol	20 "

A small quantity of this is to be dropped into a small wide-mouth bottle half filled with cotton or asbestos, and the bottle well stopped. After a few days, a little more may be added, until a strong odor is given off, when the bottle is opened.

A physician to whom Dr. Hager recommended the use of the compound thinks that it prevents the spread of diphtheria, since in five families, in each of which one case of diphtheria had become developed, its further spread was arrested, apparently through the use of the antiseptic inhalation. In another family, a second child was taken with the disease; but the child could not be coaxed to inhale the vapor. The inhalations should be as full and deep as possible. In some cases of coryza, it has been used with most excellent effects.

Should the odor of oil of turpentine be too offensive to any person, oil of Euacalyptus may be substituted for it.

The *North American Review* for October opens with an article on "The Coming Revolution in England," by H. M. Hyndman, the England radical leader, giving an instructive account of the agitation now going on among the English working classes for a reconstruction of the whole politico-social fabric of that country. O. B. Frothingham writes of "The Objectionable in Literature," and endeavors to point out the distinction between literature which is *per se* corrupting, and that which is simply coarse. Dr. Henry Schliemann tells the interesting story of one year's "Discoveries at Troy." Senator John I. Mitchell, of Pennsylvania, treats of the rise and progress of the rule of "Political Bosses." Prof. Geo. L. Vose, of the Massachusetts Institute of Technology, contributes an article of exceptional value on "Safety in Railway Travel;" and Prof. Charles S. Sargent, of the Harvard College Arboretum, contributes an instructive essay on "The Protection of Forests." The Review is sold by booksellers and newsdealers generally.

Formulary.

MORELL M'KENZIE'S NUTRITIVE ENEMA.

After a long experience in the London Hospital, Prof. McK. concludes that the following is the best formula:

Cooked beef, mutton, or chicken	110 parts
Sweetbreads	50 "
Fat	20 "
Cognac	7 "
Water	75 "

These different substances, when well mixed, melt down to about two hundred and sixty grams. The meat, sweetbreads, and the fat may be passed through a very fine sieve and the whole mixed with the water, after the fashion of making a thick paste.

The enema should be administered at a temperature of 32° to 35° C. (90° to 95° F.), and it should be administered only twice in twenty-four hours.

The rectum should be washed two or three times a week with tepid water three or four hours previous to administering the nutritive enema.—*Lyon Med.; J. M. F., Cin. Lancet and Clinic.*

TREATMENT OF WHOOPING-COUGH WITH THE BENZOATE OF SODIUM.—LETZERICH.

℞	Sodii benzoatis (about)	ʒjv
	Aquæ menth. pip.	
	Aquæ destill.,	ää ℥ j
	Syrupi aurantii cort.	℥ ss.

M.

Sig. One teaspoonful hourly.

BROMIDE OF POTASSIUM INJECTION FOR GONORRHŒA.—CHAMBILLIARD.

℞	Aquæ	℥ v
	Glycerinæ	ʒ ijss
	Potassii. bromidi	ʒ jss
	Laudani	ʒ ss.

M.

The purpose of this injection is to relieve the distressing nocturnal erections associated with gonorrhœa. The urethra should be injected four times daily, the last injection before retiring.

The solution should be permitted to remain in the canal at least one or two minutes, otherwise its effects are unsatisfactory.

FOR UTERINE GRANULATIONS.—GUERIN.

℞	Adipis	℥ ss
	Hydraig. oxidi rubri	gr. xv.

M.

A tampon smeared over with this ointment should be placed in contact with the cervix (through the speculum). The application should be removed every day, after the use of an astringent or detergent wash. (Infusion Quercus, for instance.)

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, OCTOBER 10, 1882. No. 19

Editorial.

The Female Perineum in Court.

The recent Hayes-Maclean trial in the United States Court in this city has revived discussion of the functions of the female perineum. The plaintiff, a Mrs. Hayes, as a result of obstinate constipation, developed a recto-vaginal fistula, for the cure of which she consulted the defendant, and he, after learning that the family physician had failed to accomplish a cure with caustics, advised the patient to submit to treatment by incision, as is commonly practiced in cases of fistula in ano, it was alleged. The family physician testified that the fistula was located about one quarter of an inch from the verge of the anus, and was large enough to permit the nail of his little finger to pass. The plaintiff alleged that the fistula was situated an inch and a half or more from the verge of the anus; that it was very small and occasioned very little inconvenience. The defendant performed the operation he advised, but the parts did not unite and subsequent operations were performed to restore the perineum, but without success. The patient afterwards suffered from prolapsus of uterus and rectum, which she claimed, in her complaint before the court, was due to malpractice in the performance of an operation, and neglect after the operation was performed, in that the defendant gave her strong cathartics and permitted her to go about unattended.

Three experts testified on each side. For the plaintiff, to the question "would you regard it good surgery to divide the perineum in the treatment of a recto-vaginal fistula located an inch an a half from the verge of the anus?" they answer "no." For the defendant, to the same question they hesitatingly answered "yes." And in like one-sided manner were all the expert questions answered. The judge charged the jury that, notwithstanding the defendant had promised to cure his patient in one week, he could not be held accountable. The law could not recognize a promise to cure. He could only be held accountable for ordinary skill, only such as would be exercised by physicians ordinarily in the community where he lived. The jury, after being out an hour and a half, returned a verdict of eight votes for the defendant and four for the plaintiff.

It is not our purpose to discuss this case on its merits, but to call attention to certain facts connected with the study of the perineum as presented in court. The experts did not exhibit on the witness stand that degree of knowledge which the profession believe they exercise in the daily routine of practice. It was evident that the plaintiff desired to make her case as strong as possible before the jury, and that experts were called to assist in the purpose. The defendant's experts were likewise placed in a position where they were compelled to exercise a license of opinion which they would hesitate to display in their intercourse with their patients. It is to be regretted that trials for malpractice should place the experts, who are presumed to treat the questions from a scientific standpoint, in the position of mere partisans. But such is the case in the great majority of malpractice suits. They are so often instigated by persons who desire only to injure the reputation of the physicians interested, that it is almost impossible to get from the decisions of the court good sound principles to guide the practitioner in the treatment of his case.

It has been the custom of defendants in these suits to publish the history of the case and all points bearing on it that could be gleaned from the literature of similar cases, that the profession might judge whether a principle of practice or mere legal quibbling, was involved. In the Hayes-Maclean case many important questions concerning the functions of the female perineum were raised, and they were so involved and entangled in the treatment of recto-vaginal, or recto-vulvar, or recto-perineal fistula by incision, that students and inexperienced practitioners will be greatly in doubt as to what "ordinary skill" in the management of the perineum really is. We believe the profession will be greatly interested and benefitted by reading such an account of the purely scientific points involved in the case as the defendant, Dr. Maclean, Professor of Surgery in the University of Michigan, can write. Now that the trial has passed and has been, as we believe, justly decided in favor of the defendant, only good can come from discussing before the profession the physiological and surgical questions involved.

The Elysium of Quackery.

A resident of Ottawa, Illinois, finding the salutary medical laws of that State oppressive, is casting about for other pastures. With this end in view he has been in correspondence with certain parties in Michigan, and under date of 26th ult., he crystallizes his position and desires in the following:

"Your card is received. I beg pardon for troubling you again. But I wish to be sure in this matter, before changing my place of residence. Do I understand you to say that a person may practice medicine in the State of Michigan without a diploma from any school or college of medicine, or any certificate from State Board of Health, or any other papers, and will never be called upon to show his professional cre-

dentials? Please answer again, and very greatly oblige."

Certainly, there is no obstacle to your entering on the practice of medicine in this glorious commonwealth. Rather than be forced by the arbitrary law of Illinois to return to the work-bench whence you graduated in the ranks of the learned profession of medicine, come to Michigan. No questions are asked here, and all that you require to qualify you to take into your hands the health and lives of our people, is that colossal development of cheek of which your correspondence has convinced us you are in possession. You will, doubtless, be a success, for we know of many who have succeeded admirably in bamboozling our guileless citizens on a much inferior stock-in-trade than you rejoice in. Not only has our State set no restrictions which are calculated to prevent such talent as yours from soaring high, but our legislators have persistently set their faces against anything in the way of provisions calculated, in the remotest degree, to restrict you "in the exercise of natural rights." By all means come to Michigan; the State is full of your kind, and you will not be lonesome.

A New Standard of the Heroic.

It has been customary, heretofore, to look for instances of heroic devotion to the interests of humanity in the ranks of those who have attached themselves to one or other of the humane callings. Among the latter the medical profession is supposed to furnish its quota of instances of self-sacrifice for the good of the race, and it is with feelings of pride that physicians have pointed to the devotion of members of their calling as recorded both on historic page and in contemporary literature. It seems, however, that in the minds of some all such devotion goes for naught, and that it is the more heroic thing to show the white feather the moment the grave responsibilities of the medical practitioner begin to dawn on the neophyte; that it is more heroic to shirk responsibility than to court it; that it is a braver and more commendable thing to strike one's colors in the face of danger than to march forward in the line of duty regardless of the obstacles in the path.

The following piece of bathos taken from a leading secular journal of this city is rather iconoclastic as regards our old-time conceptions of the heroic:

"Detroit has a genuine hero. He is a young man who studied for the medical profession with one of the busiest and best known physicians of Detroit for a preceptor. It is said that no brighter mind has come into the profession in years than the young gentleman here written of. So long as he remained a student, he worked with the rarest devotion and ardor and was graduated last spring from the medical department of Michigan University. During his student life he visited the sick assiduously as an observer and assistant, was engaged in hundreds of surgical cases, and everywhere demonstrated his remarkable adaptability for the profession. On coming home from college he one day walked into his old preceptor's office and startled that eminent practitioner with the declaration that he should never practice.

Dr. Blank looked at him aghast. "What's that!" he exclaimed, for there was that in his former pupil's mien that forbade the suggestion of a joke.

"Yes, sir, I mean it," was the calm reply. "I have traveled with you several years and seen more woe than I ever dreamed existed in this world. Now the simple fact is I shall never do it again. The thought of spending the remainder of my life surrounded by the wretched miseries of the sick room and being forever haunted by the piteous sights an active physician must encounter, is too horrible to be thought of with anything like indifference or equanimity. I'll not do it and there's an end of the whole matter."

After the first surprise Dr. Blank saw the uselessness of argument, and instead of trying to dissuade his young friend from carrying out his extraordinary determination to obliterate in a moment the results of years of toil and study, he grasped his hand and warmly applauded the courage that could thus nerve a man up to the point of again beginning life and entering upon the struggle to make for himself a new career.

It may interest readers of this remarkable story to know that the brave young fellow kept his word, and is now hard at work in a manufacturing establishment, where he has been with coat off and sleeves rolled up for four months."

Michigan Medical Bill.

We reproduce in our present number the Medical Bill proposed by Dr. Henry B. Baker, of Lansing, for introduction at the coming session of the legislature. We submit that it is eminently reasonable in its provisions, and must commend itself alike to the profession and laity of the state. The chances of its enactment as a law will be materially enhanced by the fact that it is drafted in the interests of the public rather than of the profession. It would, of course, be idle to maintain that its adoption would not further professional interests; for any act of this nature must necessarily eventually improve the status of medical practitioners. The interests of the public are, moreover, intimately bound up in a judicious system of medical administration. The proposed bill as coming from a medical man, is, however, sufficiently altruistic to meet at once the cries of "class legislation," "trade's unions," etc., with which certain prominent secular papers have been wont to greet all previous bills.

The proposed bill stands for itself and we submit it to our readers without further comment. Every medical practitioner of the state to whom it commends itself has, however, a duty to perform in connection with it. We have on previous occasions insisted on the necessity of taking such measures to the polls. No bill how commendable soever it may be in itself, can, unassisted, survive the opposition which will be brought to bear on it from certain sources, while such opposition must ever be futile in the face of the united influence of the competent and intelligent physicians of the state. It has been the boast of many eminent practitioners that they have never

deserted for a moment the great aim of their calling to mingle in the muddy waters of politics. This boast is ordinarily a commendable one, but the present instance furnishes ample grounds for an exception. The end will certainly justify the means in the minds of every conscientious practitioner. The united influence of the medical men of this state if directed towards securing the passage of the proposed Medical Act will bear down all opposition, and if the bill fails to become a law the profession, as heretofore, will have itself to blame.

Miscellany.

THE LIMITATIONS OF HOMŒOPATHY.—It is an encouraging sign of the times that, here and there, there arises in the midst of the homœopathic ranks an authority who is bold enough to declare against the universality of the law of *similia etc.* The most recent to which our attention has been directed is Dr. Richard Hughes, who, in an address before the London School of Homœopathy, admitted that in the following the homœopathic is not the most successful line of treatment:

"1. The use of cold baths in typhoid fever seems to give better statistics as regards recoveries than even our own treatment can boast.

"2. The recurrence in relapsing fever cannot be prevented by homœopathic remedies; but can be by antiseptics like the *hyposulphite of soda.*

"3. We have nothing to take the place of full doses of *iodide of potassium* in tertiary syphilis.

"4. In peritonitis from performation we must give full doses of opium, as in ordinary practice, if we are to have a chance of saving our patients.

"5. In cardiac dropsy we can rarely get the good effects of *digitalis* without the induction of its primary physiological effect, so raising the arterial tension.

"6. *Nitrite of amyl* is a better palliative in the paroxysms of angina pectoris than any homœopathically-acting remedy.

"7. The use of *iodide of potassium* in aneurism seems outside the range of our method, and is yet a most valuable piece of practice, on which we cannot improve.

"8. In uræmic coma, measures for relieving the brain of the 'perilous stuff' which is oppressing it—if needful, venesection itself—are of more avail than the best drug-treatment."

In commenting on the above the *New York Med. Times* (homœopathic) says:

"This strikes us as being a plain, concise statement of fact which every practitioner of our school must be able to confirm or to refute, in whole or in part, by the results of his own experience. Now, we should really like to know what the strict Hahnemannian has to say about it. Will he not inform us how many "fatal errors" Dr. Hughes has committed under the above enumeration—or whether the entire list constitutes one grand, comprehensive exhibition of "heretical pravity?" Are all or any of the complaints Dr. H. mentions as being, *at present*, beyond the capabilities of homœopathy, satisfactorily treated by the "Internationals" on strict Hahnemannian principles? If they are, can we not be favored with some detailed instances of cure under each head?

We submit that such a mode of dealing with medical questions is better adapted to serve the cause of truth and of suffering humanity than any amount of mere abstract reasoning or objurgatory eloquence."

THE EXACT AND THE PRACTICAL IN MEDICINE.—*Dr. Oliver Wendell Holmes:* No, gentlemen, there is no exclusive *à priori* method which leads to the successful treatment of disease. You begin in the primrose paths of knowledge, which are only preliminary to your real work. Anatomy is no more medicine than a child's dissected alphabet is literature. Physiology and chemistry throw gleams of light here and there on curative methods, but are apt to lead their votaries far away from practice. Pathological anatomy teaches a great deal, but it is, after all, like inspecting what is left of the fire-works on the morning of July 5. It is very pleasant to dissect a muscle, to make a precipitate, to watch a contracting heart, to study a translucent slice of a healthy or diseased organ. These pursuits, sisters of her who presides over health and disease, are the sirens that won over Agassiz and Huxley and Helmholtz to their flowery realms. But just as zoölogy, chemistry, physiology, histology, are not the science of medicine, so neither is the science of medicine the same thing as the art of healing. To go hastily from the library of old books and the laboratory of new experiments to the bedside of disease, is imitating the presumption of those rash profligates who, as Thomas Boston says, think they can take a "leap out of Delilah's lap into Abraham's bosom."

The medical student is in little danger now from the theories which blinded the eyes of observers in former ages. He is more likely to forget his practical work—which means giving his whole thought to the lesser as well as the greater needs of his patient, to all the little details of the sick-room,—in the fascinating pursuit of his scientific investigations. I would not undervalue the branch I teach. I recognize the incidental importance of all the subsidary branches which form a part of the curriculum of this and other schools. Do full justice to them, or you will not probably do justice to your more immediately practical studies. But your hardest study must be at the bedside. Your real business will be to save life, to avert disease, to manage it so far as manageable, to save your patients all unnecessary suffering. And so doing may each of you be able to repeat the noble words of Thomas Sydenham, with which I will close this lecture. Two hundred years

have passed since they were written, and they will speak in accents that can never grow old:

"And, in truth, when I come to die, I trust I shall have the satisfaction of being inwardly assured that I have not only endeavored with the utmost diligence and integrity to recover the health of all those who have been my patients, of whatever rank or condition they were, none of whom have been otherwise treated by me than I desire to be, if I should be seized by the same distempers; but also that I have contributed, to the utmost of my abilities that the cure of diseases might, if possible, be prosecuted with greater certainty after my decease; being of opinion that any accession to this kind of knowledge, though it should teach nothing more pompous than the cure of a toothache, or corns, is of much greater value than all the vain parade of refinements in theory, and a knowledge of trifles, which are perhaps of as little service to a physician in removing diseases, as skill in music is to an architect in building."

American Boards of Health as Viewed Abroad.—Our contemporary, the *Medical Times and Gazette* (England), having been favored with the report of our Health Officer, has the following interesting accounts on it:

That useful creation, "the intelligent foreigner," might easily be forgiven should he be led to believe that it is a principle of our constitution that in all administrative business, where special professional knowledge is most called for, laymen of no particular calling are to be preferred to men who have made the matters in question the study of their whole lives; or that, at any rate, if their special knowledge is indispensable, they shall be admitted in so small a proportion that they shall not be able to assist the decisions of the Board, on which they were supposed to act. This may be seen, more or less, in every Royal Commission, and in every department, from the Admiralty to the village sanitary authority, the sole exception being when the law-makers—lawyers—themselves are concerned. Some things are better managed on the other side of the Atlantic; and, however defective medical education may be there, and lax as are the laws affecting medical practice, our American cousins are in some respects in advance of us. Their boards of health, the local sanitary authorities, are mainly composed of medical men. We have before us the first Annual Report of the newly constituted Board of Health of Detroit, Michigan, U. S., a volume which has given us as much amusement as instruction. To persons accustomed to the sober style of official documents it is certainly startling to meet with paragraphs of sentimental and inflated diction which the most sensational of our daily papers could scarcely equal; or to read of "men who might learn wisdom from cats and decency from swine not already degraded by intercourse with human kind"! But, with all its defects, this Report contains much that our sanitary legislators might study with advantage. The burning question of the notification of infectious diseases has been solved with a rigor not surpassed by the Dutch law. On principle preferring isolation at home to a hospital, the occupier of an infected house is compelled to fix conspicuously over his door a card provided by the Board, indicating the nature of the disease, and all communication with the outer world is strictly prohibited, except for medical men, nurses, and clergymen, until the death, recovery, or removal of the patient, and disinfection of the premises, on pain of removal of the patient to hospital. "Physicians, or persons acting as such," —for a diploma is not required—are bound under a penalty to notify without fee all cases of infectious disease coming under their care, on forms provided by the Board, the form also naming the schools where any children in the house attend, while the heads of schools, in their turn, are required to exclude all children coming from infected houses until the disinfection is reported by the physician or, if the medical attendant be not one, by the city physician (or parish surgeon), these officers being associated with the health officer, and serving under the Board of Health. The Detroit Board, we may remark in passing, consists of three *ex officio* members—the Mayor, Controller and President of the Police Commissioners—and of three elected members, who must be "practicing physicians," and from whom the President of the Board is chosen. The health officer must not be engaged in practice, and in Detroit has a salary of £600 which seems to be the average in such cities. The Board have enacted—or, more accurately, "the people of Detroit have enjoined"—a system of regulation of deaths and interments of the strictest and most complete character. The certificate, which must be forwarded by the physician directly to the Board of Health, and within twenty-four hours of the death, contains not only all the facts contained in our forms, as well as here given by "the person giving information of the death" (who does not exist in Detroit), but also the name of the undertaker and intended place of burial. When this has been examined and filed by the health officer, a burial permit, fuller than the corresponding document in use here, is issued from the office of the Board. There are other matters of interest in the Report, but the practical solution of the questions of the constitution of boards of health, the notification and isolation of infectious diseases, and the certification of the cause of death, independently of the friends of the deceased, are of especial interest at the present time.

Professor Virchow as a Politician.—The scientific side, although there is enough of it to fill up an ordinary human life, is only one side of Professor Virchow's career. His life is equally full on the political and practical side. Since 1859 he has been an alderman of the city of Berlin, and has in that capacity given conscientious attention to the details of the government and wants of the municipality. In direct reference to this office he has

written many papers on subjects of hygiene, drainage, and sewerage, marked alike by scientific thoroughness and by adaptation to local wants. He was elected a member of the Prussian Chamber of Deputies in 1862, having the choice between the seats for three constituencies offered to him, and has served in that body with distinction ever since. He at once took the lead among those who opposed the arbitrary measures of Bismarck and his despotic assumptions; and has continued one of the most vigorous and formidable antagonists of that minister. In January, 1863, he proposed and secured the acceptance of an address accusing the ministers of having violated the constitution. In 1865 his opposition was so energetic that there was talk of Herr Bismarck's challenging his to a duel. He did not, however, assume an extreme democratic position, but accepted the constitution with the reservation of the right of protest against objectionable measures which might be proposed under it. The events of 1866 cast his party into the shade for a time, but he gradually resumed, in the enlarged Prussia, his opposition to the measures of military rule and centralization. In 1869 he made a proposition in favor of an international disarmament, which was of course rejected. He was elected a deputy to the Diet of the North-German Confederation, and afterward of the German Empire, but declined both calls on account of his objections to the constitutionality of those political creations. He, however, consented to enter the Reichstag in 1880, as a member from one of the conscriptions of Berlin. He was the author of the expression "*Kulturkampf*"—battle for culture—in connection with the controversy with the papal power, which was so long a political watchword in Germany. His political work, well performed as it was, was never allowed to interfere with his scientific pursuits, which he regarded as his proper and serious labor, but it often appeared to him, he says, "to be rather a recreation than otherwise." In 1872 he replied with a refusal to an invitation by a German society to withdraw from the French scientific societies of which he was a member, declaring that a rupture of the scientific relations between the two countries would be contrary to the interests of civilization, of science, and of humanity.

Vaccination and its Results.—*Medical and Surgical Reporter:* From time to time the opposition to vaccination which is always prevalent in the uneducated and superstitious masses, crops out in the more educated, and even in the profession itself. We would not attribute this to deliberate perversity or desire for notoriety. There are minds so constituted that they will adopt an opinion without examination, and then labor earnestly to prove its correctness. Others, again, are impressed by one or two isolated facts, and can only see other facts which give one interpretation to these. Such minds are color-blind as to statistics and high-gravel blind as to logic.

The opponents of vaccination are treated to an excellent article, in *The American*, Sept. 2, from the pen of Dr. Henry Hartshorne, but one the excellence of which they will unwillingly appreciate. He reviews, in a masterly manner, the late anti-vaccination writings of Dr. Charles T. Pearce, P. A. Taylor, Henry Bergh and others, setting forth in a perfectly clear style the unfairness with which they handle statistics, and the baselessness of many of their confident statements.

The results of vaccination are, indeed, so unclear that it is really a psychological puzzle to understand how any person who studies them can harbor an honest doubt as to the benefit of the practice. Dr. Hartshorne puts them in a nutshell, in the following comparison of deaths nowadays and in the last century:

"Look at the later statistics of the United States, obtained by our National Board of Health in 1881. Sixty-six cities and towns in this country yielded, during that year, in all, 4000 deaths from small-pox. As crowded cities always furnish much the largest number of cases of such diseases, it is not probable that more than a thousand deaths (representing from five to ten thousand cases) occurred outside of the reported cities. Suppose, then, five thousand deaths in more than fifty millions of people. This is one hundred deaths to each million of population. For fear, however, that we have under-estimated the deaths in rural localities, let us add to it, double or treble it—make it, say, *three hundred* to the million living. But, as Dr. Fothergill and Sir Gilbert Blane calculated, upon good evidence, the death-rate from small-pox in Great Britain for thirty years before vaccination was introduced by Jenner, was *three thousand* in every million of the population. Well may it be conceded that the mortality (besides the often hideous disfigurements, blindness and deafness resulting) of small-pox has been lessened since the day of Jenner. Put, again, alongside of the above statements, the almost total absence of small-pox from such a country as Ireland, in some recent years (1866, 1867, 1868, 1869), and the official record in the report of the Massachusetts Board of Health, just issued, of the occurrence of but *two deaths* from small-pox in so large a city as Boston, in eight years—1873 to 1881."

It would take a physician with a singularly elastic conscience to say anything against vaccination after reading the above passage. He must be strangely unaware of the responsibility he incurs, if, in the face of these facts, he throws the weight of his influence against this safeguard.

Indeed, the profession, as such, ought to insist on compulsory vaccination and re-vaccination every decade of life. The danger has been shown to be null, the protection positive. The duty that, in society, every individual owes to his neighbor is serious enough to justify the state in demanding that he small submit to this operation as often as the best authorities on the subject pronounce it necessary. As in other matters; if people will not

submit to reason, and by their refusal endanger others, the strong arm of force should be laid upon them.

Personal prejudices are not personal rights, and may be indulged only when they do not compromise the safety of others. Hence we are earnestly in favor of a positive enforcement of vaccination by legal statute in every state in the Union.

The "Detroit University."—Dr. S. V. Romig, Ionia, Mich., writes: "I enclose to you the *Journal of Progressive Medicine* for your examination, taking it for granted that you do not have it among your list of exchanges. Will you be so kind as to give your many readers more light on the "Medical Department of the University of Detroit." There appears to be some mystery connected with it. I was not aware of the existence of such an institution until a short time ago, when a brother practitioner in the country handed me this copy. He said that he had been *highly favored* with the journal for the past year.

Michigan is, indeed, a paradise for charlatans and pretenders of every shade and color. They are driven out of other states by the score, nay, by the hundred, and in their flight they seek refuge under the shadow of our schools and colleges, and there, with taunts and jeers for the educated physician, throw out their bait and decoy the unwary sufferer, and prey upon his life blood till death closes the scene.

They are not alone found in large cities, but they push into smaller places and fill several towns. They are bold and insolent. We have one here who boasts of being one of Buchanan's disciples. I think that if our state legislators would look at the matter fairly and honestly, they would enact a stringent law which would protect the people from these pretenders and would place a greater premium on higher medical education. The only way to secure the desired end is for the profession to work for it by a continual agitation of the subject. I would propose that we mass our forces and petition the next session of our legislature to enact a stringent medical law which would throw out of every community in this state those who are not qualified to practice medicine and surgery."

[We are pleased to be able to state that the "Detroit University" was too palpable a fraud to succeed. It was conceived by a stupidity too dense to detect its monstrosity, and all the fond care of its progenitor failed to keep it alive. It drew a few spasmodic breaths and then was seized with the throes of dissolution. It is dead, dead.—Ed. News.]

Pulvis Doveri.—*Canadian Journal of Medical Science:* People whose "inward griefs and peristaltic woes" have been relieved by the powder of Dover, do not generally know to whom they are indebted for this excellent compound. Doctor Dover was a friend and probably pupil of the great Sydenham. He commenced practice in Bristol, where, having made some money, he longed to make more. The Roll of the College of Physicians tells us that he joined with some merchants in fitting out two privateers for the South Seas, in one of which, the "Duke," he himself sailed from Bristol, 2d August, 1708. On the passage out they touched at the Island of Juan Fernandez, where Dover on the 2d February, 1708–9 found Alexander Selkirk, who had been alone on the island for four years and four months, and whom Dover brought away in the "Duke." In the April following Dover took Ginaguil, a city or town of Peru, by storm. In December, 1709, the two privateers took a large and valuable prize, a ship of 20 guns and 190 men, in which Dover removed from the "Duke," taking Alexander Selkirk with him as master, and finally reaching England in October, 1711. After this cruise Dr. Dover removed to London, where his practice soon became great. His patients, and the apothecaries who wished to consult him, addressed their letters to the Jerusalem coffee house, where at certain hours of the day he received most of his patients.

Bait for Ambitious Investigators.—The *Lancet* publishes the following list of prizes for 1883, offered by or through the French Academy of Medicine: The Prix de l'Académie is 1000 francs; the subjects, to determine the Clinical Value of Antiseptic Methods in Surgical Practice. Prix Portal, 1000 francs, Is Tubercle of Parasitic Nature? Prix Civrieux, 2000 francs, Hysterical Paralyses and Contractures. Prix Capuron, 2000 francs, on the Influence of Sea Bathing in the Scrofula of Children. Prix Godard, 2000 francs, for the best work on External Pathology (Surgical Disease). Prix Barbier, for the Discovery of a Cure for any Disease reputed to be Incurable, such as Epilepsy, Hydrophobia, Cancer, Cholera; part of it may be awarded for advancement in this direction. Prix Desportes, 1500 francs, for the best work on Medical Therapeutics. Prix Daudet, 1500 francs, Lymphadenoma. A price of 2000 francs, under the name of the Prix de l'Hygiène de l'Enfance; subject, to determine by precise Observation the Rôle of First Dentition in Infantile Pathology. Prix Amussat, 2000 francs, for a work based upon Anatomy and Experiment leading to progress in Surgical Therapeutics. Prix Saint-Lager, 1500 francs, for the Discovery of a Cure for Goitre. Prix Saint Paul, 25,000 francs, for the Discovery of a Cure for Diphtheria; the interest of the capital may be awarded as an encouragement for work in this direction.

The Duties of the Physician.—*Louisville Medical News:* "Art is long, time is short, opportunity fleeting, experience deceptive, and judgment difficult." Such were the serious reflections of the father of medicine after he had labored with its problems for many years, and accomplished more

than perhaps any man who has since practiced the healing art. In these days, when so many doctors may be found who are little better than professional loafers, so many who discourage the reading of medical works who express their contempt for original research and scoff at medical journals, regarding the accumulation of money as the only test of professional success, and who depend on their own personal shrewdness and the gullibility of the people at large to excuse the title under which they thrive, the following, relative to the life of Dr. Geo. B. Winston, from the *St. Louis Courier of Medicine*, is refreshing:

A friend once remarked to him, "Doctor, what necessity is there for this ceaseless labor and study at your time of life?" With a look of astonishment never to be forgotten he replied, "My dear sir, I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir; and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance, of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments, and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear."

Politics and Medicine.—The following, from the *Chicago Med. Jour. and Ex.*, has a timely application to the medical men of this State: As a profession, doctors think it undignified to have much to do with politics. As a whole, they are not as big tax-payers as they ought to be, but numerically strong, intelligent and influential. Unfortunately, other of the better elements of society hold themselves aloof from mingling in what they term the filthy pool of politics. This condition ought not to be, if we want to break down bossism and machine politics, to defeat vicious and secure good legislation. 'Twould be a misfortune for all doctors to think alike, but if each will follow his convictions into the ranks of that political party nearest his liking, then exert his influence toward sending intelligent, representative men to the legislature, we may secure the enactment of such laws as will protect the people, and convince them that we have been impelled by motives other than a desire to attain selfish ends.

Physical Diagnosis.—*Oliver Wendell Holmes:* I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle and worse than idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too fatal gift of science? *A prognosis of despair.* "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest when a very wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.

Objectionable Anæsthesia.—*Cincinnati Lancet and Clinic:* Western women are sharp; but the Plattsmouth (Neb.) female is entitled to the premium for smartness. The other day she went into a shoe store to buy a pair of shoes. The clerk was in the act of sprinkling some chalk-powder inside, so they might slip on easily. She glanced furtively at him and remarked: "I know what you are doing." The genial clerk smiled acquiescence. She slid toward the door, and said, in tones that startled his nerves: "You can't chloroform me, mister; I was fooled once before, and I'm blamed if I'll be again." And she left without the shoes.

The Sea-Side Sanitary Hotel of the Future.—*Medical Record:* Anxious guest to hall-boy: "Boy, where are the water-closets?" "Han't got any, sir; they breeds fever. Boat goes down the harbor every morning. Ladies at nine, gentlemen at ten." "Well, is dinner ready?" "No, sir. We always carbolize the dining-room before meals. Now they are spraying the waiters, sir." Impatiently: "Well, where is your ice-water?" "Taint healthy. Yonder's our Labarraque mixture flavored to taste. Have a glass, sir?" Guest retires and takes a thymolized julep.

Antiseptic Cologne.—The following is commended as a preparation combining antiseptic properties with a perfume.

Eau de Cologne	8 fl. oz.
Chloral hydrate	2 drachms.
Quinine (alkaloid)	10 grains.
Carbolic acid (pure)	30 "
Oil of lavender	20 drops.

The *Medical Record* says this may be used on the handkerchief, the doctor holding it gently to the mouth while in the sick room. Warranted to keep out bacillus tuberculosis; also b. termo, b. elephantiasis A., and b. gonococci.

A well-known medical man of this city was called up by telephone the other day, when the following conversation took place: "It has come, doctor." The doctor thought he knew the voice, and, wondering why he had not been sent for, shouted back: "Is it all right?" "It's a very small pattern," answered the voice, which was that of a woman, "but it will do if we take pains." The doctor caught the last word, and called distinctly: "Give it paregoric?" There was a mumbled discusssion which he could not hear, and then the voice called: "Is this Dr. ——?" "No! It's Doctor ——, of Fort street." Then he heard a chorus of mirth, and was informed that he was in communication with a fashionable dress-making house and it was a silk dress for Doctor ——'s wife that was under discussion, and that he was the wrong man, which, under the circumstances, was rather a relief to the Fort street physician.

Rev. Dr. Hall, of New York, in the course of a funeral sermon over the remains of a physician (Dr. Albert E. Sumner) paid the following tribute to the medical profession: "I have often thought," he said, "that my own profession, in fact that we might all sit at the feet of the professor, of the dead physician, whose coffined form lies before us, and learn one of the purest and noblest lessons of Christianity. We talk, they act; going into the houses of the poor where the air is often tainted with the breath of the pestilence, ever faithful in their work in storm and sunshine, by night and day. Work performed often without hope of pecuniary reward and followed not unfrequently with detraction and abuse. In the spirit of the Great Physician, their hearts are ever open to the cry of suffering and their lives devoted to its relief."

Chiari has just been appointed Professor of Pathology at Prague, the oldest university of Germany. Although but 30 years of age, it is claimed that he has made over 8,000 post mortems. His skill in this direction is so wonderful that at a recent supper an admirer declared that he could wish for no greater happiness than to be "post mortemed" by Chiari. As a companion piece to this squib, now going the rounds, is the statement that the upper house of Vienna has decreed that the language to be hereafter employed at Prague shall be the czechic. We don't know what the czechic is, but it must be something very bad, for it is said that the decree referred to has been the death blow of the University of Prague, in which the ancient corporation is in a fair way to enjoy the happiness of a post mortem at the hands of the dexterous pathologist it has recently had connected with it.

Dr. Jephson was a distinguished physician of Leamington 50 years ago. The doctor was noted for being brusque and unceremonious. A great London lady, a high and mighty leader of society, who was taken suddenly ill, sent for him. Jephson was so off-hand with Her Grace that she turned on him angrily and asked: "Do you know to whom you are speaking?" "Oh, yes," replied Dr. Jephson, quietly, "to an old woman with the stomach-ache."

Dr. J. W. Holland, the successor to the late lamented Cowling on the *Louisville Medical News*, publishes his valedictory in the issue of that journal of the 30th ult. The doctor has labored faithfully to fill the place of his inimitable predecessor, and retires because of recent additional demads on his time. He will be succeeded by Drs. Lunsford P. Yandell, who was previously on the *News* staff, and Dr. McMurtry, who is no novice as a medical writer.

An English contemporary in giving the qualifications of a medical teacher, says that, among other things, he should have a certain amount of what the Hindoo reformer, Ram Dass, called "fire in the belly." The great difficulty is the vast majority of medical faculties is that there either isn't enough fire to go around, or that in most cases the bellies are so small that even if filled with fire, the amount they would contain would have but a slight effect on the thermometer.

An important literary and scientific discovery is announced from Salonica. The works of the celebrated physician, Galen, which were supposed to have been lost, have been discovered by M. Papageorges. They are in manuscript; date from the fifteenth century, and appear to have originally formed 248 sheets; 144 are in good condition, 24 are mutilated or worm-eaten, and 80 are missing.

We have it on the authority of the *Medical Herald* that there are ten fools to every wise man in Louisville. This is certainly an alarming condition of affairs and suggests the query whether it is because of, or in spite of the influence exerted by our contemporary.

Original Articles.

A Proposed Bill to Regulate the Practice of Medicine in Michigan.

BY HENRY B. BAKER, M. D., LANSING, MICH.

I submit herewith a copy of my proposed bill to regulate the practice of medicine, first published in the *Physician and Surgeon*, Ann Arbor, Mich., November, 1880, but here somewhat amended, attention having been given to some suggestions made by persons who have also given the matter careful thought.

Some have proposed that the State accept diplomas, as they are accepted by the State Board of Health of Illinois; but it seems to me that the public can well take advantage of the natural rivalry of the colleges, and thus elevate the standard of medical education by a law which shall practically set each college in Michigan to watch each other one in this

State, and all others whose graduates shall practice here. Every college would have a greater inducement than now to have its graduates creditable to it; because some of its graduates would be publicly tested and compared with those of other colleges.

Objection has been made that, by this bill the great body of physicians in the State would have no voice in the proposed examining board. To this it may be replied that they have no voice now; and that this bill is not drawn for the especial and exclusive benefit of physicians, but is from the standpoint of one endeavoring to act for the interests of the general public. It is believed that the public would have had some protection long ago if it had not been for the unconquerable disagreements among medical practitioners. It is not probable that the several thousands of medical practitioners in Michigan will soon agree upon a plan; because they include all shades of belief and all degrees of intelligence, from the "medicine man" up to the highest type of physician known. But if some such law as is here proposed shall be enacted and enforced for one generation, the next generation of physicians will probably be of a type fit to control the interests of the public in relation to the medical profession.

But while this bill was not drawn for its direct benefits to physicians, its author believes that, if enacted into law, it is likely to accomplish what all the foremost physicians have professed to seek, namely, the advancement of the standard of those who profess and practice medicine. Let any person who questions this, study the nature of the examination proposed in section 9, and consider that it is to be participated in by representatives of colleges from which many of the leading physicians in this State graduated, that results of the examinations will become to a certain extent public property, and ask himself whether a majority of the persons now actually practicing medicine in this State were ever qualified to pass such an examination.

The bill does not propose to interfere with any person now practicing in Michigan; but it proposes that, after the act passes, no unqualified person shall begin to practice medicine in this State. My view is that by such a regulation, the number of ignorant doctors would soon be greatly lessened, and the dignity and honor of the medical profession greatly promoted; and this implies greatly increased safety of human life.

THE PROPOSED BILL.

SECTION 1. *The people of the State of Michigan enact*, That, from and after the time when this act shall take effect no person shall begin the practice of medicine or of any branch or department thereof (except dentistry), or profess to begin the practice thereof, in this State, without first exhibiting evidence of qualifications for such profession in accordance with the provisions of this act. In this section, the term, "begin the practice of medicine in this State," shall not apply to any person, who at the time of the passage of this act is actually practicing medicine in this State; *provided* that such person shall have registered as a practicing physician, as provided in this act.

SECTION 2. A State Board of Medical Examiners is hereby constituted as follows: The faculty of each legally-constituted and reputable medical college in this State, authorized by law to confer the degree of Doctor of Medicine, and actually existing and teaching as such a college, shall biennially name one member, the Superintendent of Public Instruction shall biennially name one member, and the State Board of Health shall biennially name one member; of the persons thus named in the first instance, six shall be appointed by the Governor with the advice and consent of the Senate, and when duly qualified, and when their oaths of office shall have been filed in the office of the Secretary of State at Lansing, they shall organize as a State Board of Medical Examiners, and shall elect from their number a president, a secretary, and such other officers as their organization may require, and shall adopt and publish rules for procedure. *Provided*, that the failure of any college, or of all the colleges, to name a candidate for membership shall not cause a failure to organize or continue the Board; but the Governor or the Governor and Senate shall appoint the six members in the first instance, and two members biennially thereafter, and those actually nominated, appointed and legally qualified, shall organize and perform all the duties of the State Board of Medical Examiners. *Provided* further, that no teacher, professor, lecturer, or officer of any of the before-mentioned colleges, shall be eligible to membership except as a representative to the college to which he belongs. Any vacancy in the board may be filled, until the next regular session of the legislature, by the Governor.

SECTION 3. The term of office of each member first appointed shall be decided by lot, so that the terms of two members shall expire every two years; and the term of office of each member appointed thereafter shall be six years.

SECTION 4. It shall be the duty of the members of the State Board of Medical Examiners to organize as a Board immediately after this act takes effect, and proceed at once to prepare plans for a record-book for the use of the county clerks, blank forms for returns by the county clerks to the State Board of Medical Examiners, and such other blanks, circulars, instructions, etc., as may be necessary to carry this act into effect in the first instance, and with a view to its continuance, and to cause such record-books, blank forms, and circulars to be made by the State printers and binders, and to cause to be given to the Board of State auditors, for audit and payment out of the general fund, bills for such printing and binding, duly certified by the State printers and binders and by the Secretary of the State Board of Medical Examiners.

SECTION 5. The expenses of the State Board of Medical Examiners, and the compensation of its members, shall be paid out of money collected by the Board from the candidates examined, in accord-

ance with Section 6 of this act. *Provided*, that the expenses of starting the work of registration of physicians shall be paid as specified in Section 4 of this act.

SECTION 6. Each candidate for examination shall pay to the Board or its treasurer, the sum of ..... dollars.

SECTION 7. The State Board of Medical Examiners shall keep a record of all examinations made by it, which record shall include statements of items requisite for identification of the person examined; such as the name, age, sex, color, height, color of hair, color of eyes, and other items if necessary; the names of the examiners, specifying the one who examined each candidate in each subject, the subjects in which each candidate passed successfully, those in which he failed to pass, and his standing in each subject.

SECTION 8. In each year the State Board of Medical Examiners shall make a report to the Governor, which report shall include accounts of receipts and expenditures by the Board, statements of the number of candidates examined, the number and names of those passed, and the number rejected, copies of the questions asked—which shall not all be the same in any two years—and copies of rules and regulations of the Board of Examiners; also the number of registered practitioners in each county, as reported to the Board by the county clerks.

SECTION 9. It shall be the duty of the State Board of Medical Examiners to examine each candidate for the practice of medicine or of any branch of the medical practice, as to proficiency in the English language and in the sciences of anatomy, physiology, pathology, ætiology, chemistry and toxicology, as follows: Relative to the English language, the examination of each candidate shall be such as to ascertain whether the candidate has sufficient intelligence and education to enable him to read and write understandingly, accurately, and logically, on such topics as are likely to arise in the course of his studies and in his relations with those who will fill his prescriptions, act as nurses, be his patrons, or officially consider his testimony in court. Relative to anatomy the examination shall be such as to ascertain whether the candidate has sufficient knowledge of the subject to enable him or her to explain the nature and relative position of the different structures in any part of the body, with reference to an injury, surgical operation, or other practical question connected with any of the several branches of medical practice. With reference to physiology, the examination shall be such as to ascertain whether the candidate is able to explain the normal function of each important organ in the human body, so far as the same is known and established in science. With reference to pathology, the examination shall be such as to ascertain whether the candidate is able to explain to one familiar with the science the usual changes which occur in the structures and functions of the different organs, systems, and parts of the human body in each of the common diseases. The examination in ætiology shall extend to what is known of the causes of the principal diseases which prevail in this State. The examination in chemistry shall include tests of the candidate's knowledge of the characters of acids, bases, alkaloids, alcohols, and ethers, the reactions which occur under given circumstances between different chemicals or substances used as medicines, the chemistry of the blood and other fluids and solids of the human body, the proximate analysis of urine, the normal composition of cow's milk, and the chemistry of foods, nutrients, and drinks. The examination in toxicology shall be sufficient to indicate the candidate's knowledge of the most common poisons, the nature and appearance of each, the common sources of each, the effects upon the healthy human being, poisonous and fatal doses of each poison, tests for poisons, and the chemical and household antidotes for the poisons. In each of these examinations questions upon which only opinions can be expressed shall not be asked; but in examinations in the English language the questions shall be restricted to established usage, and in the the sciences they shall be restricted to established and demonstrable knowledge, accepted as such by those who teach those sciences.

SECTION 10. The State Board of Medical Examiners shall grant to candidates who pass a satisfactory examination in the several subjects required by Section 9 of this act, a certificate, under the seal of the Board, stating when they were examined, and in what subjects they passed an examination. Provided that the Board may decline to examine or to grant a certificate to any candidate whose moral character is bad.

SECTION 11. It shall be the duty of the clerk of each county in this State, to receive the books, instructions, blank forms for returns, etc., prepared in accordance with section 4 of this act; to make and keep a record of all physicians entitled to be recorded under this act; and to report annually to the State Board of Medical Examiners, at Lansing, the names, post-office addresses, etc., of physicians recorded during the year, and such other facts as are required in the instructions from the State Board of Medical Examiners, in order to fulfill the intent of this act.

SECTION 12. Any person who at the time of the passage of this act is actually practicing as a physician in this State, may, at any time within ——— months after this act shall take effect, apply to the clerk of the county in which he resides, to be recorded as a physician, in manner as follows: The application shall be on a blank prepared by the State Board of Medical Examiners, and supplied by the county clerk, and shall specify the time and place of such practice, the "school," pathy, specialty, or system of therapeutics or other branch of medicine practiced, the time and place of graduation as a doctor of medicine, the age, sex, color, place of residence and post-office address of the applicant, and such other facts as the State Board of Medical Examiners shall deem important for purposes of

identification or to be placed upon record, and shall provide for in the blank forms or instructions prepared by such State Board.

SECTION 13. Upon receipt of an application as specified in Section 12, duly signed and sworn to by the applicant, and attested by two witnesses before some person known to the county clerk to be authorized to administer such oaths, the county clerk shall make the record contemplated by this act; *provided* such sworn application shall show that the applicant has practiced medicine, as specified in Section 12, for the time and as otherwise required by this act, in order to authorize a person to practice medicine in this State; and *provided* further, that the application shall reach the county clerk within ——— months after this act takes effect. A practitioner concerning whom such record is made, shall be considered a legally-registered practitioner of medicine in that county.

SECTION 14. At any time after this act shall take effect, upon receipt of a certificate, issued by the State Board of Medical Examiners, stating that the applicant has passed the examination required to be made by that Board, together with an application similar to that specified in Sections 12 and 13, including also a similarly sworn and attested statement that the applicant is the same person examined, and to whom the certificate was issued, the county clerk shall make the record of the applicant as a practitioner of medicine, and such practitioner shall be legally authorized to practice medicine in that county.

SECTION 15. In case a practitioner removes from one county to another, it shall be the duty of the practitioner to place upon record with the clerk in the county from and the county to which he removes, his correct post-office address, and to cause a certified copy of the original record to be made and recorded as specified in this section. A practitioner may be recorded in as many counties as he pleases, but his post-office address and residence must, in each case, be specified. Upon application, together with a copy of the record of himself as a practitioner, certified by the clerk of a county to be an accurate and complete copy of the original record, together with a sworn and attested statement by the applicant that he is the person described in the original record, and that he intends to practice medicine within the county in which he thus applies and other than that in which the record was first made, the clerk of the county shall make and keep a record, which shall include the first record, and such other facts as the State Board of Examiners shall specify in its instructions.

SECTION 16. A certified copy of the record of any practitioner may be obtained by any person from the county clerk upon payment of the proper or the usual fee for such service.

SECTION 17. No person who practices medicine, surgery, or midwifery, in any of their branches (except dentistry) shall be able in any of the courts of this State to collect pay for professional services rendered subsequently to the time stated for this act to go into effect, unless he or she was, at the time such professional services were rendered, duly registered as a medical practitioner according to the several provisions of this act.

SECTION 18. Whoever violates a provision of this act shall forfeit a sum not exceeding ——— dollars. It shall be unlawful for any person to practice, or profess to practice, medicine, surgery, obstetrics, or any art of healing, or treatment of the sick (except dentistry) or receive pay for practicing in this State, except there shall be in the office of the clerk of the county in which the practice is performed, a record of such person as a practitioner, in accordance with the several sections of this act; and if any person who has not complied with this act, and who has not thus been authorized, shall practice or profess to practice medicine, surgery, or the art of healing, or any of their branches, whether of therapeutics, obstetrics, surgery, or any other department thereof (except dentistry), in this State, he or she shall be deemed guilty of a misdemeanor, and on conviction thereof, shall be liable to a penalty in any sum not exceeding ——— dollars, and to imprisonment not exceeding ——— years.

SECTION 19. It shall be the duty of the State Board of Health, and of the health officer and local board of health in each township, city, and village, to co-operate with the State Board of Medical Examiners, which is hereby charged with the duty of securing the fulfillment of the requirements of this act.

SECTION 20. The Board of State Auditors shall, if required, provide and furnish office-room at Lansing for the State Board of Medical Examiners.

Selections.

ON THE MANAGEMENT OF PRURITUS IN ECZEMA OF THE ANUS OR GENITALS.—The itching of these cases is often most intense, and the patient will plead that if he can only have something to stop the itching the disease will get well. And so I have repeatedly had cases where all sorts and kinds of measares had been previously prescribed with a view of arresting the itching, but in vain, whereas the case yielded speedily when complete treatment was instituted, including only very mild local measures. Quite recently a physician brought a patient in consultation, not in regard to any general management of the case, but only to have my opinion in regard to the probable utility of applying the actual or galvanic cautery to the parts to arrest the itching. And so I have had cases which had previously been given stronger and stronger local applications, with a view of checking the itching, after the failure of recognized neurotic local remedies, until the parts had been brought to a terrible state of inflammation from such applications as strong citrine ointment and the like. Now, while these may succeed in some cases in which, perhaps, a transient digestive disturbance was the starting point of the eczema, I am confident that in the main all such attempts in the way of a local treatment of eczema in these parts is false in theory and injurious in practice.

The measures which I am about to detail may be simple, but will in most, if not all cases, be sufficient as local treatment, provided that all else has been carefully attended to, as implied in the preceding brief mention of dietetic, hygienic and internal medication.

I place great reliance upon hot water as a means of relieving the congestion of the parts and the consequent itching. But the water should be indeed hot, and not warm—so hot that the hand cannot be thrust wholly into it—and it should be used in exactly the manner now to be described. I speak thus positively because I occasionally hear it asserted by patients that it is not of service; and on inquiring I find that the exact rules have not been followed, or that it has been used for a longer time, or oftener than prescribed. The patient should sit on the edge of a chair and have a basin with the very hot water and a soft handkerchief in it. This latter is then picked up and held in a mass to the anus or genital parts as hot as can be borne, say for a minute, and then dipped in the water again, and the process repeated three times, the whole not lasting more than two or three minutes; too long bathing, or too frequent sopping of the part, or rubbing with the cloth, etc., makes matters worse.

Before the hot water is gotten ready, I have the ointment which is to be employed spread thickly on the wooly side of surgeon's lint, cut of a size to cover the affected parts only, and laid close by ready for immediate use. After the parts have been soaked with the hot water for the prescribed time, they are rapidly dried by pressing a large, soft linen napkin upon them, with absolutely no friction, and the already spread cloths are immediately applied, the object being to at once exclude the air entirely. Ordinarily it is necessary to use the hot water only a single time in the twenty-four hours, namely, after undressing, and when ready to get into bed. It must be premised that the patient is to so manage as not to indulge in the usual scratching before undergoing these manipulations. If this desire is given way to beforehand, the treatment will not always control it at once; but if the patient can avoid even touching the parts except as described, he or she will commonly be quite able to go to sleep immediately. I have repeatedly had those thus afflicted say that the first night of treatment was the first real rest they had had for months or years.

If the case is very severe, and if there are spells of recurrent itching, the hot water may be repeated occasionally; but it is commonly sufficient simply to renew the ointment one or more times in the day, especially in the morning on rising, without the repetition of the hot water, which latter, I think, sometimes acts prejudicially in softening the parts if used more frequently. It should be added that the ointment should always be spread on lint, and never be rubbed to the part; also, that in applying the lint it should be kept in close apposition to the diseased surface, and that by means calculated to heat the parts as little as possible; and, finally, that in renewing the dressing the fresh cloth should be spread and ready near by before removing the previous one, that the access of air to the parts may be prevented by changing the covering as quickly as possible.

The ointments employed must vary somewhat with the case, and no single one could be mentioned which would be invariably of service. That which I most commonly prescribe is made as follows:

℞ Unguent. picis..... ʒ j;
Zinci oxidi..... ʒ ij;
Unguent. aquæ rosæ (U. S. P.). ʒ iij. M.

This should be of a consistence which spreads easily and remains soft, which may be easily regulated by varying the proportion of the spermaceti in the rose ointment or cold cream. I may add that I never employ the recent products of petroleum, cosmoline, and vaseline, as a basis for these ointments where protection of the surface and exclusion of air is desired, as they have not body enough to remain as a thick coating upon the part, but rapidly soak in and leave the parts dry and exposed.—Dr. L. Duncan Bulkley in *Medical Record.*

How to Examine a Sick Child.—If we are dealing with the new-born infant great advantage will be derived from an examination during sleep. If proper care is taken not to waken the slumberer, an opportunity is offered to us for the favorable observation of the physiognomy, attitude, respiration and pulse. If awake, we should notice any peculiarity about its cry, the manner in which it takes the breast; we should closely examine its jaws to determine the existence of any abnormalities of conformation, and if the lips are able to suck the examiner's finger, well.

After these brief observations are made, the babe should be stripped and all the regions of its body should be successively submitted to inspection.

The normal attitude of the new-born infant is that of flexion with the head dropped upon the breast; toward the end of the second month the head is maintained elevated; in the fourth or fifth the infant easily sits up; about the eighth or ninth it begins to support itself upon its feet, and finally, at about the termination of the fourteenth or fifteenth month, it attempts to walk.

The cutaneous surface, which is usually very red during the first few days, may assume a yellow icteroid tinge on the third or fourth day. It does not attain its definite color till the fourth month.

To examine the grown-up infant is a more difficult matter. It becomes necessary sometimes to recur to forcible measures, but these should always be practiced with gentleness.

The examination in such cases should begin as before, by divesting the little patient of all his garments, in order that an exact "inventory" may be taken of his body.

The wrappings which envelope the child should be minutely examined, so that the nature of the alvine discharges and the character of the urinary secretion be properly ascertained. If the diaper is not damp with urine, a slight pressure over the hypogastrium will usually suffice to cause the discharge of a certain quantity of this fluid.

As the infantile pulse is usually very rapid, the thermometer should be used regularly to recognize the presence of fever.

The faces of infants is a matter of great importance in the study and diagnosis of their disease. The healthy baby's face is usually calm and placid; it becomes contracted and corrugated upon the advent of pain; choleraic disorders will cause a peculiar pinching of the face and a characteristic drawing down of the oral angles; whilst pneumonia will tinge the cheeks with a circumscribed blush.

Once the existence of fever is recognized, an examination of the throat should never be neglected. To inspect an infant's throat is not an easy matter, as most practitioners know. The child should be held firmly in the arms of some strong person in order that it may be rendered as passive as possible; the nose should be gently pinched between the thumb and index finger, in order to force it to open its mouth, then the introduction of the tongue-depressor will become an easy measure.

Auscultation should always be practiced with the ear over the chest. The vesicular murmur in a child is always more intense than in the adult; and on a level with the great bronchial trunks, over the spine and scapular regions, it is remarkably reinforced, so that it assumes a rude and almost bronchial character.

The heart sounds are louder and clearer than in the adult. Their maximum intensity is heard only over one place: the third intercostal space, to the left.

In the infant, percussion should succeed auscultation.

The pulmonary resonance extends, posteriorly, to the twelfth dorsal vertebrá, on the right, to the tenth and eleventh only; in front and to the left it extends to the fourth or fifth rib, and on the right side to the third only.—Dr. Decroizilles in *N. O. Med. and Surg. Jour.*

Treatment of Acne Rosacea.—At the meeting of the Harveian Society, held April 27th, 1882, Mr. Malcolm Morris gave a short account of the treatment of severe cases of acne rosacea by scarification. He pointed out that there were two classes of cases: the one consisted of acne spots, surrounded by red patches, the nose being considerably enlarged from hypertrophy of the tissues; in the other there was flushing of the nose, erythema, a varicose condition of the veins, and hypertrophy without acne. It was in the latter class of cases that Mr. Morris advocated scarification. This condition of the nose occurred in people of feeble circulation, whose hands were generally cold, and who were easily affected by changes of temperature; in a hot room the nose itched, and caused great discomfort; when exposed to cold there was great pain. The operation of scarification Mr. Morris performs as follows: First of all, the nostrils are filled with cotton wool to make the skin tense; next all the blood-vessels are slit up throughout their length by a knife double edged at the point, then with an instrument having a number of fine blades close together, the vessels are thoroughly divided transversely; free hemorrhage follows, which must be encouraged, and is beneficial. The clots and serum are absorbed by blotting paper, and the patient is enjoined not to touch the nose for several days. The scarifications heal in a few days, and leave no scars. This operation is to be repeated a number of times until the nose is reduced to normal. Mr. Morris had scarified 28 cases successfully, one which was done in 1879 has remained well ever since.—*British Medical Journal*, May, 1882.

The above mode of treatment is a modification of that employed by Hebra and Volkmann. Hebra employed a double edged lancet-shaped needle, with a shoulder 2mm. from the point, to prevent it going too far into the skin. With this instrument the vessels were punctured deeply and rapidly. The punctures were made in horizontal rows. In mild cases the repetition of the punctures usually was not necessary. In the severer forms Hebra employed Volkmann's method, viz., shaving or scraping off the inflammatory products and hypertrophied masses with a Volkmann's spoon. The operation is not a painful one. He employed this method also to remove nævi, port wine stains and superficial telangiectasis. The epidermis only should be removed. In the mild cases without hypertrophy, and with the formation of pustules, I have found that the evacuation of the pustules as soon as formed and the nightly application of sulphur ointment prove very beneficial. The ointment should be washed off in the morning, and the nose rubbed with a soft flannel, covered with the lather of Pear's transparent soap before being reapplied in the evening. I have also occasionally seen benefit derived from the application of chrysophanic ointment, 20 grs. to the ounce.

Dr. J. H. Staines, in a paper read before the Cambridge Medical Society, on the "Nature and Treatment of Acne (*British Medical Journal*, June 24th, 1882), referring to acne rosacea, dwelt on the necessity of simple diet, the avoidance of alcoholic stimulants, and the use of soap and water locally. He also recommended the application as many as 12 or 15 times daily of a lotion containing precipitated sulphur, camphor, glycerine and lime water. He spoke of the advantages of local depletion, and described an instrument devised by Volkmann for producing multiple punctures. In ordinary acne he advocated the use of precipitated sulphur, in the proportion of 4 drachms to 6 ounces of lime water, with 3 drachms glycerine and a little spirits of camphor.—*Canada Medical and Surgical Journal.*

Leucorrhœa.—Dr. Fordyce Barker read a paper on this subject before the American Gynæcological Society, on the 20th inst., of which the *Medical Record* gives the following resumè:

It seemed to the author of the paper that the fact that leucorrhœa was not a distinct disease, but a symptom of many different and even opposite pathological conditions, had led to a neglect of its study, and practically to a forgetfulness of the fact that it not rarely originates from constitutional causes, and that when long continued it becomes itself a cause of local and important pathological changes. No writer during the last quarter of a century had considered it, except incidentally, as a symptom of some local disease, with the exception of Comty Stoltz and Robert Barnes, who had called attention to some of its constitutional causes. This was equally true of Americans, English, French, and German gynecologists.

For many years he was an entire disbeliever in the opinion of Tyler Smith that leucorrhœa was in many cases the primary cause of morbid states of the os and cervix, and while now he was not at all disposed to accept the statement that this is the fact in the majority of cases, in the few last years he has been convinced that it was true in some. While all accept the statement that local and constitutional causes continue to develop leucorrhœa, yet he thought it might be questioned whether the latter be not too often disregarded in the present day, both in the diagnosis and treatment of this disorder.

Many of these constitutional causes, such as atmospheric changes, which induced general catarrhal affections, plethora in some anæmia in others, all forms of defective nutrition and debility, etc., were well understood. The influence of nerve disturbance, as a consequence of defective nutrition, was, perhaps, not so generally appreciated, although most practitioners knew the fact that in some of their patients strong mental emotion was sure to bring on a troublesome leucorrhœa. Dr. Barker then considered the bearing which certain anatomical facts, pointed out by Mayrhofer, had upon this disorder, namely, changes in the blood-vessels of the uterus produced by pregnancy. Leucorrhœa and its attendant symptoms was not at all rare in young unmarried ladies, and every year he was consulted concerning it, chiefly by those who came to the city "to finish their education," as it is termed. The moral depression from home-sickness and ex-

haustion of nerve-power, exercised in accustomed directions, seemed to him to be the most common of the constitutional causes of these cases. He suspected the most frequent error in the treatment of these cases was found in a disregard of the necessity of such remedial agents as would secure a healthy performance of all the organic functions, a neglect of the *morale*, and a routine prescription of some preparation of iron, which, under these circumstances, was sure to destroy the appetite and produce headache, etc.

Oil of Eucalyptus in Midwifery Practice.—Dr. Samuel Sloan, Obstetric Physician to the Glasgow Maternity, recommends the use of the oil of eucalyptus in midwifery practice. He has found it to possess, as an antiseptic, the following advantages:

1. It is non-poisonous.
2. In the quantity and strength required it is unirrritating.
3. It does not coagulate the lochia, which, by separating the lips of the vulva, can be seen to flow out in a liquid stream.
4. Its odor is with rare exceptions, a pleasant one.
5. It seems to act as a uterine stimulant, causing and assisting to maintain uterine contraction.

Formed into a pessary of a suitable shape and size it is easily applied to the neighborhood of the os, and retained there. To secure this, the pessary must be broad and short, must melt slowly but completely, and must contain a large percentage of the antiseptic oil. These requisites he has found the following formula to supply:

℞	Oil of eucalyptus	ʒ vj
	White wax	ʒ jv
	Cocoa butter	ʒ jv.

Mix and divide into twelve pessaries. One of these must be applied night and morning immediately after the usual sponging, and, though the napkins are frequently changed, the odor will be quite perceptible on the removed one prior to the next sponging twelve hours later. In cases of miscarriage, or when the lochia has diminished materially in quantity—say, six days after confinement—he has found the above strength produce irritation, and the following will then be found preferable:

℞	Oil of eucalyptus	ʒ jv
	White wax	gr. 160
	Cocoa butter	ʒ jv.

Divide this mixture into twelve pessaries and label them No. 2. These may also be used at first night and morning, and afterwards at night only. These pessaries are made by first melting together the wax and cocoa butter in a vessel resting in hot water; the oil of eucalyptus is then mixed with this, and the fluid poured into the ordinary two-drachm pessary mould, each cavity being somewhat more than half filled. He has never been able to satisfy himself that the eucalyptus was absorbed into the system to any material extent. This is probable, however, and in one case seemed to be proved. This was a case of severely rupture perineum, which was stitched and united throughout. The pessaries had been continued for sixteen days, when an erythematous rash appeared over the whole body, disappearing immediately on the cessation of the eucalyptic treatment. Though uncertain as to the fact of a material absorption of the oil into the system, he is persuaded that the oil does not remain at the os, but freely passes into the cavity of the uterus. For it is admitted that the uterus for several days after labor is naturally in an alternate state of contraction and relaxation, and while during contraction it will empty itself, during relaxation again whatever is lying at the os, or upper part of the vagina will be sucked into the vacuum produced. The eucalyptus will therefore find its way quite into the uterine cavity. When he said that, he referred to a decomposition of the eucalyptus oil which sometimes takes place, giving the napkin a semi-fetid odor. That this does not arise from a change in the lochia he has proved by simply omitting the next pessary when due; he then found that the lochia was absolutely sweet.

The Treatment of Diphtheria by Large Doses of Calomel.—There have always been advocates of this practice. In the letter of Dr. Reiter, communicating to Dr. Squibb his experience of the use of burdock, and published in the *Ephemeris*, we find the calomel treatment of diphtheria strongly supported. Since Dr. Squibb endorses Dr. Reiter as a practitioner of experience, and of good judgment, we must give his suggestions respectful consideration. Whilst we may profit by his practical therapeutical experience, we need not adopt his pathological views. Dr. Reiter says: "I have this winter verified my discovery perfectly. Diphtheria is a functional disease of the liver. * * * Here you have the remote cause—inspissated blood. * * * The proximate cause—too much fibrine in the blood." The treatment—for the justification of which, we fear, the theory was invented—consists in the administration of calomel—one scruple the first dose, and then ten grains every hour until the symptoms improve, the fever subsides, the exudation stops spreading, and is detaching, etc. Says the old Doctor:

"Dear Squibb, smoke that in your medicine pipe—a boy of eight years with a half-ounce of calomel in his *prima viæ*, not prostrated, but restored. Trousseau is the only medical writer I know of who has not only seen, but has most accurately described all the protean forms of this most fatal malady—and not one of them escapes a clear and rational explanation by my etiology. I have read again and again his most graphic articles on diphtheria, and it pains me to observe how he staggers in trying to reduce his notions to a rational philosophy, lacking the light of a sound etiology."

Dr. Reiter argues in this circle: diphtheria is a disease in which the "power of destroying fibrine," ordinarily possessed by the liver, is lost, and hence the deposits in the throat. To cure such a disease, this function of the liver must be restored, and as calomel possesses this property, it must cure this disease. "Where a case has not reached a fatal condition," says Dr. Reiter, "from twenty-four to forty hours' medication effects a cure." We may not agree with the pathology; but what shall we do with the facts? If it be true that so large a proportion of the cases of diphtheria yield so soon to this treatment, we must admit that there is truth in the treatment, even if we deny the relevancy of the explanation. Further experience with a large number of unquestionable cases of diphtheria is necessary to establish in any, the exact value of the calomel treatment.—*Philadelphia Medical News.*

On the Treatment of Phthisis by Inhalation.—Dr. S. Dowse read a paper on this subject. He prefaced his paper by referring to the recent very valuable discovery of Dr. Koch, concerning the tubercle-bacillus; and he thought that the inflammatory theory of tubercle, and Dr. Sonderson's recent lectures at the College of Physicians on Inflammation, tended to support rather than to detract from the results of Dr. Koch's original investigations. Dr. Dowse, through the kindness of Dr. Blake, was enabled to show to the members present many forms of respirators, including one of Dr. Blake's inventions, which were useful and adapted for the purposes of inhalation. Dr. Dowse said that it was more than ten years ago when he first began to treat pulmonary consumption by inhalation; and he regretted that, until recently, he had not carried out his experiments with that care which so important a subject demanded. During the months of September, October, November and December, he had treated his patients in the North London Hospital for consumption, by several forms of inhalation, and he almost invariably had good results. He thought, however, that the process of inhalation was far from perfect, and he hoped for better results in the future. Short histories and notes of several cases were brought forward as evidence in favor of this mode of treatment. He spoke particularly of the value of acetic ether as an inhalant; in fact, he went so far as to say this drug was, in his opinion, capable of dissolving nascent tubercle. The mixture which he generally used had the following composition:

℞	Thymol	ʒ iij
	Ætheris acetici	ʒ iij
	Ætheris sulph	ʒ j
	Creasoti	ʒ iij
	Acidi carbolici	gtt. xv
	Terebinth. ad	℥ iv.

Ten drops to be used at a time for an inhalation. He laid great stress upon continuous inhalation; for instance, two hours in the morning, afternoon and evening, as well as during the whole night. The subject appeared to be of considerable interest. A lively discussion followed.—*British Medical Journal.*

The Abortive Treatment of Gonorrhœa.—Believing that gonorrhœa is due to parasites, Dr. W. Watson Cheyne (in the *Lancet*) contends that the proper method to abort the disease is to destroy the parasites. The materials which he employed with the view of destroying the cause of gonorrhœa were chiefly iodoform and eucalyptus oil, and these he still uses. As injections are apt not to penetrate sufficiently far, and as their effect is only momentary, he combines these substances with cocoa butter, and makes them up in the form of solid rods about 4 in. or 5 in. in length, and about the thickness of a No. 10 catheter. These rods weigh forty grains each, and each contains five grains of iodoform and ten minims of eucalyptus oil. They are dipped into eucalyptus oil, introduced into the urethra, over the orifice of which a pad of boracic lint is applied, and outside this is a large piece of gutta percha tissue, the whole being fastened on by strapping, and retained for four or five hours, if possible. The cocoa butter soon melts, and a solution of iodoform in eucalyptus oil bathes the mucous membrane for some hours. Another rod may then be inserted, and a suitable injection be employed afterwards. This method is only of use, in his experience, before or during the inflammatory stage, and he employs it at any time till the inflammatory symptoms have disappeared, but generally within the first seven or eight days after the commencement of the discharge.—*Medical and Surgical Reporter.*

Naphthaline as an Antiseptic Dressing.—The unfortunate results that have been reported recently from the free use of iodoform in German hospitals have led surgeons to regard it with some distrust. Dr. Fischer (*Berliner Klin. Woch.*, No. 46, 1881, and Nos. 8 and 9 for 1882) recommends naphthaline as an antiseptic dressing to substitute the iodoform, as possessing its advantages without its dangers. Adopting the suggestion, Dr. Anschütz used naphthaline in about ninety cases, the results of which he communicates in the *Centralblatt für Chirurgie* (No. 32, for August 12). It was claimed by Fischer that this remedy possesses energetic anibacteritic and antiseptic effects, and that it is the more applicable to surgical uses because it is entirely free from any intoxicating influence This he considered to be due perhaps mainly to its insolubility in water, and consequently in the discharges from the wound; hence it is impossible for absorption to take place from the surface of the wound. Dr Anschütz enumerates also among the advantages the cheapness (about one mark per kilogram), and the fact that it is used in powder, and is therefore much more convenient for transportation and for use than Lister's plan of dressing wounds, for instance, in military surgery, and especially for the primary dressing in the field. It does not interfere with primary union, nor cause pain or irritation. The results obtained by Anschütz did not conform exactly with the former reported by Fischer, as in some wounds with much offensive secretion the smell was not entirely prevented by the dressing, and in some cases the powdered naphthaline formed a crust which retained the discharges; in others some blood was mixed with the secretion, as if the crystals of naphthaline had injured the granulations. Further experiments and observations are needed to establish finally the value of this agent in surgery.—*Medical Times.*

Iodoform in Phthisis.—Dr. Dreschfeld recently read a paper before the Manchester Medical Society on the internal administration of iodoform in phthisis. Many pathologists having now for some time held the view that tuberculosis was an infectous disease, depending on the presence of microorganisms (a view which had received strong support by Koch's important researches), and that tuberculosis, phthisis, and scrofulosis were closely allied if not identical pathological processes, the author was led, guided by the excellent results obtained in the local treatment of scrofulous disease by iodoform, to try the administration of this drug in phthisis. This experience extended over more than six months, and the results so far obtained were satisfactory. The iodoform was given in the form of inhalation, and internally in the form of pills (one grain per dose), mixed with creasote and dextrine. The best results were obtained in cases of incipient and acute phthisis; in chronic cases the results were less satisfactory; in a few cases of laryngeal phthisis, the local application of iodoform powder to the ulcerated surface of the larynx was followed by immediate relief and clearing of the ulcers, without, however, producing healing of the

ulcers. The conclusions arrived at were these: 1. Iodoform is well borne by the patient, without producing nausea or gastric irritation. 2. Owing to its anæsthetic properties, it relieves the irritation in the throat and the cough, especially in incipient phthisis. 3. In some cases it increased the digestive powers and appetite, and relieved the vomiting. 4. It reduces slightly the temperature in cases of phthisis with raised temperature. 5. In no case have any bad results followed the inhalation of iodoform. 6. Hæmoptysis forms of counter indication for its administration (in some cases hæmoptysis entirely disappeared on the administration of iodoform). 7. In incipient phthisis iodoform seems to arrest the disease.—*British Medical Journal.*

IODOFORM IN CHRONIC PULMONARY AFFECTIONS.—Prof. Chiarmelli (*Giorn. di Clin. e Terapia et Gazz. Med. Ital., Prov. Ven.*, 1882), encouraged by the happy results obtained by Prof. Semmola with iodoform in the treatment of chronic affections of the bronchi, has experimented with this medicine during four consecutive years at the Hospital for Incurables, in many affections of the respiratory passages.

In phthisis, even at an advanced period of the disease with the presence of cavities, iodoform has given the author excellent results. In each case it diminished expectoration, and exercised a favorable influence upon the febrile manifestations. "Iodoform," he says, "diminishes the fever and affects the expectoration, which it not only diminishes in quantity but alters in character, preventing the putrefaction of its albuminoid elements. I am also convinced that the contents of the cavities in the lung exercise a powerful influence upon the production of hectic fever." In recommending iodoform in pulmonary phthisis, the author does not assert it to be a specific, but he claims that it arrests the march of this cruel malady and prolongs the life of the sufferer.

He also holds that in cases where caseous pneumonia is commencing, iodoform administered for a time proves efficacious in arresting the progress of the disease. With many individuals affected with chronic bronchitis and emphysema, it renders great service.

The formula which is employed is as follows:

Iodoform	grs. iss.
Powdered lycopodium	grs. viij.
Ext. of gentian	q. s.

Make into 10 pilules. Take 3 to 5 in the day.

If the dose is increased, gastric disorders supervene, and it is better to continue the above dose for a considerable time.—*Glasgow Med. Journ.—Medical News.*

Formulary.

DEFICIENT KIDNEY-ACTION IN ECZEMA.

Louisville Medical News: Dr. L. Duncan Bulkley (*New York Med. Record*) states that deficient kidney-action is a common symptom of eczema of the anus and genitals. In this disease the urine is seldom that of health. The most varied conditions may be reported, but a most common one is a copious deposit of amorphous urates. Frequent and imperative micturition is not at all uncommon, and the repeated calls to urinate at night and the itching will often act and react upon each other, rendering sleep almost impossible. For this condition Dr. B. recommends:

℞	Potass. acetatis	ʒ j;
	Tinct. nucis vomicæ	ʒ ij;
	Infus. quassiæ	ʒ iv.

M. Teaspoonful after eating, in water.

This is often continued during the entire course of treatment. A large amount of oxalate of lime is sometimes found in the urine of eczematous patients. The oxaluria may be quickly relieved by strong nitric acid, internally, in doses of about two drops taken after each meal.

APHONIA OF SINGERS AND SPEAKERS.

For this affection Dr. Corson recommends the patient to put a small piece of borax (two or three grains) into the mouth, and let it dissolve slowly. An abundant secretion of saliva follows. Speakers and singers about to make an unusual effort should the night before take a glass of sugared water containing two drams of potassium nitrate (saltpetre) in order to induce free perspiration. In similar circumstances this gargle may also be used:

℞	Barley-water	ʒ vj;
	Alum	ʒ i-ij;
	Honey	ʒ ss.

Mix, and use as a gargle.

Or, again, an infusion of jaborandi, made by putting two scruples of the leaves into a small cup of boiling water, may be drunk in the morning before getting up. The free sweating is said very quickly to restore the strength of the voice.—*Revue Med.; London Pract.*

FOR CARDIAC DYSPNEA.

Prof. Germain See recommends the following for cases of dyspnea due to cardiac disease:

℞	Pot. iod.	1–2.00 Gm.;
	Chloral hydrat	2–4.00 Gm.;
	Mucilag. acac.	120.00 Gm.

A teaspoonful every two hours. An opiate may be substituted for the chloral. Inhalations of iodide of ethyl are sometimes as beneficial as in asthma.—*Translated from Le Progrés Med.*

SLEEPLESSNESS OF HYPOCHONDRIA AND HYSTERIA.

℞	Assafetidæ	ʒ j;
	Morphiæ sulph.	gr. iij.

M. Ft. pil. xxx. Sig. One or two at bed-hour.—*Medical Gazette.*

LINIMENT FOR PRURITUS VULVÆ.—TANSKY.

℞	Balsami Peruviani	ʒ j
	Olei amygdalæ dulc.	ʒ iij
	Gum acaciæ pulv.	ʒ ij
	Aquæ rosarum	ʒ j.

M.

Dissolve the gum arabic in the rose water, the peruvian balsam in the almond oil and mix the whole thoroughly. Apply with a camel's hair brush to the vulvar region eight or ten times daily, according to the intensity of the pruritus. Baths and cold drinks are valuable accessories.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Psoriasis and Syphilis.

In a paper read before the sixth annual meeting of the American Dermatological Association and published in the *Journal of Cutaneous and Venereal Diseases*, Dr. R. W. Taylor, familiar to the profession through his classic work on Bone Syphilis in Children, adduces facts which incline him to the belief (although he does not clearly avow it) that Erasmus Wilson's characterization of psoriasis as "a manifestation of the syphilitic poison after transmission through at least one, and perhaps several generations," does not deserve the ridicule with which the later school of dermatologists has received it. The difficulty in securing the necessary data to settle this question is necessarily great, but in at least twenty-five per cent. of the cases of psoriasis observed by Dr. Taylor the existence of syphilis in the parents was clearly demonstrable. It is true that in the wide spread prevalence of syphilis these symptoms in the parents may have been mere coincidences rather than causes of the eruption, but it is evident that Dr. Taylor inclines to the opinion that there is in them a relation of cause and effect. Patients, we are sometimes told, are never attacked with psoriasis until after vaccination, scarlatina, or other exanthemata, or acute dermal inflammation. These affections may have acted rather as awakeners of a latent morbid tendency than as direct causes, and the author places psoriasis in the category of diseases incidental to the developmental period of the human subject.

With this view of the etiology of psoriasis Dr. Taylor thinks that existing opinions regarding the curability of the disease are susceptible of modification. We are taught that relapses are inevitable, and Hebra's classical case of the psoriatic man who suffered also from hæmoptysis being the only person he ever knew of not suffering a relapse of skin affection, has had too much influence on us. The author would suggest the following modification of our opinion as to the prognosis of psoriasis: "Relapses are not inevitable, but they are most severe and frequent in those cases which have been neglected or inefficiently treated in early life." He regards Donovan's solution, a combination of mercury and arsenic, as more efficacious than arsenic alone. He commits himself to the belief that if psoriasis be attacked in its early stages by efficient internal and external treatment, before it engrafts itself deeply upon the nutrition of the skin, it can be thoroughly cured.

It should be stated that in the discussion following the paper the views as expressed were very generally and strongly combatted. Dr. Piffard stated that of the three different views obtaining relative to the etiology of the eruption, viz.: 1st, the suboxidation theory; 2nd, the parasitic view, and 3d, the syphilitic hypothesis, he accepted the first.

Dr. Taylor did not take the position of a special pleader for his theory, but thought that the facts demanded a renewed attention to the etiology of the obstinate affections. It would be folly, with the data at our command, to attempt to draw conclusions, but the facts furnish food for thought and should be incentives to further observation.

Personalities Following a Recent Law Suit.

We took occasion in our last, in referring to the Hayes-Maclean malpractice suit, to express our satisfaction with the result—a disagreement of the jury (four standing for the plaintiff and eight for the defendant). This result, it is now hinted, the plaintiff is not disposed to accept as final, but is about to again bring the case before the court. A reopening of the case, unfortunate on general principles, will be peculiarly so because of the feeling which the course of the defendant since the trial has been calculated to excite, and which will have had a tendency to stir up an animosity among the experts at the next trial which was not apparent on the first. The state has been flooded with an issue of the Ann Arbor *Register*, a secular journal, in which the late case is reviewed, and in which the experts called by the plaintiff are treated in a manner but poorly calculated to lead to amicable relations—treated, indeed, in an intensely personal manner, not only charging them with professional incompetency, but casting grave suspicions on their motives. The article in question may or may not have been written by the defendant in the case, but the fact that he is one of the proprietors of the journal in which it appeared, attaches to him the responsibility of its appearance. This assumption of sinister motive is not only unwarrantable, but it is also unprofessional to a degree, which exceeds the most charitable fixation of bounds in such matters. We cannot conceive what good was contemplated by the writer (whose ear-marks are unmistakable), in thus assailing the gentlemen who happened to be summoned to give expert testimony for the plaintiff. Failing to discover the *cui bono* we are forced to the conclusion that the gratification of a personal feeling was the incentive. One of the witnesses, also, is described as "a professor in a medical college of unusually loud and large pretensions." While the unbiassed reader will fail to discover the

force of this characterization, he will not hesitate for a solution of the animus which prompts it.

In our opinion the defendant in the late suit has neither improved his position before the profession by the attack to which we refer, nor made easier the path which he will have to tread in the event of the re-opening of the case. It is furthermore to be regretted that such provincialism should so persistently attach to the writings of either himself or his friends. We are glad to be able to say that we know that there are among the gentleman's university colleagues those who deprecate with the full force of a well-bred nature these unseemly displays, which it seems they are powerless to prevent.

Cholera.

The reports from the orient are calculated to give rise to considerable apprehension. A severe epidemic of cholera is at the present time raging in the East Indies. Between the 14th and 29th of August upwards of 20,000 deaths occurred. . The epidemic has spread to the mainland and it already prevails in China and Japan to an extent sufficient to have excited alarm. The east is the natural home of cholera and all the epidemics which have scourged the western world have had their origin there, steadily gathering volume and force as they have gone on their journey to the occident.

Is the occurrence of the disease which has been reported the precursor to another of the fearful havocs which men still in their youth can recall as having occurred in this country? The question is one of grave importance. Its answer will be largely conditioned on the sanitary condition of the country when the the first seeds of the pestilence are wafted to our shores. While cholera may not properly be said to have its origin in filth, it is undeniable that its germs find in filth the soil best suited to their growth and development. It would, therefore, seem that a season of grave responsibillty is approaching. Never since sanitary science has attained its present degree of development has this country undergone an experience calculated to test the benefits of such science, like that which it is feared in some quarters is likely to happen next summer. Previous epidemics of cholera attacked the country at times when sanitary science was in its infancy. Now, however, it has developed into a system of sufficient pretensions to warrant considerable expectations of it.

It is exceedingly unfortunate, in view of the threatened outbreak, that the National Board of Health has been hampered as it is by recent legislation. Such meddling with its functions are to be regretted under any circumstances but should the present fears of an epidemic of cholera prove as having had a foundation this meddling will be far-reaching to an extent which cannot now be anticipated. It behooves our State and local Boards to take time by the fore-lock and to prepare themselves against possible emergencies.

Convenient Antiseptic Dressing.

Dr. H. P. Wyman, of Olympia, Washington Territory, writes that he has used:

℞	Acid boracic.....	ʒ j
	Spts. vini dil.....	ʒ jv
	Glycerine.....	ʒ j
	Aquæ dest.....	ʒ iij.

M. As a dressing for wounds. He applies several layers of cheese cloth saturated with the mixture directly over the wound, over these a layer of cotton wool, and over all a roller bandage. He then keeps the wound irrigated by applying every three or four hours a few drops of the mixture at a point conveniently arranged in the dressing. Since using this formula he has treated many wounds of fingers and hands, and abscesses which required incision, with the most satisfactory results. Amputated fingers heal when treated after his method without more inflammation than is absolutely essential to the healing process. In no case has he known inflammation followed by abscess to extend from the margin of the wound into the connective tissue and along the sheaths of tendons, as was frequently the case under the old method of nonaseptic dressing. Neglect of the simple aseptic dressings in the management of minor surgical cases is a frequent source of embarrassment to the young practitioner.

Conditions Under Which a Man who has had Syphilis may Marry.

Fournier, Hutchinson and other eminent syphilographers are of opinion that syphilis yields more frequently to treatment than any other disease, and that a man who has had the disease may marry: (*a*) in the absence of actual specific symptoms; (*b*) advanced age of the diathesis; (*c*) a certain period of absolute immunity since the last specific manifestations; (*d*) the non-menacing character of the disease; (*e*) a sufficient specific treatment. Observance of these conditions, coupled with the fact that a syphilized man marrying a healthy non-syphilitic woman is not likely to beget syphilitic children, will enable the practitioner to put his conscience at rest in considering the question of marriage and syphilis when it is submitted to him by his patients.

Eczematous Ulcer of Leg.

Dr. Willard Chaney, city physician, Detroit, has had excellent success in the treatment of this disease with ointment of petroleum and iodoform. A widow, 30 years of age, hard-working, living in damp and illy lighted apartments, had eczematous ulcer, large as a silver dollar, on the inner aspect of lower third of leg. Anorexia, anæmia, hysteria with copious sanious, discharge from painful ulcer, were prominent symptoms. The doctor ordered her all day rides in the open air of the Detroit river

ferries; to take internally, three times a day, 20 drops of muriated tincture of iron with one thirtieth of a grain of corrosive sublimate, in suitable vehicle; applied to ulcer daily ℞ unguent petrolei ʒ ii., iodoformi ʒ j., M.; with firm even pressure by means of roller bandage.

Vesico-Vaginal Fistula Cured by Position.

Recent events in this city vest anything in the way of novelty in the treatment of fistula into the vagina with unusual interest. Dr. J. T. Winn (*Va. Medical Monthly*) reports an instance of the cure of a vesico-vaginal fistula which is of interest under any circumstances. Having detected the fistula by digital examination and by the speculum, in the case of a woman recently confined, he instructed the patient to be placed in the genu-pectoral position, thus enabling the urine to collect in the fundus of the bladder. No catheter was employed; in its stead the woman being instructed to change her position every three hours to allow the contents of the viscus to escape. A moderately strong solution of sodium bicarbonate was ordered to be given as a vaginal injection immediately after each urination. Twenty days of such treatment sufficed to effect a cure, a firm smooth cicatrix having formed and completely closing up the fistula. The case is very instructive, and the procedure merits a thorough trial before a resort to operative procedure.

Iodoform in Eye Practice.

We are at present in the midst of the "iodoform craze," and the number of affections, both constitutional and local, in which iodoform is not highly recommended, is daily growing beautifully less. The latest application of the drug is in the treatment of purulent ophthalmia. Its use in this affection is spoken of with much favor in the last Report of the Royal London Ophthalmic Hospital. It is applied in the form of impalpable powder, great care being necessary to avoid the application of any large particles. It is said to cause less pain and irritation than any other antiseptic, and among its other advantages are the facts that it can be thus used in concentrated form and that it volatilizes very slowly. Its employment in ophthalmia neonatorum has not been as satisfactory. In the gonorrhœal ophthalmia of adults it was much more efficacious.

Should subsequent experience corroborate these reports, iodoform will prove to have been a valuable addition to the oculist's armamentarium, its non-caustic properties removing from it the danger of establishing ulceration and the formation of cicatrices on the conjunctiva, which attends the employment of most of the other remedies in vogue for the treatment of the conditions named.

Miscellany.

Michigan State Board of Health.—The regular quarterly meeting of this board was held Oct. 10, 1882, there being present Hon. Le Roy Parker, of Flint, president; Rev. D. C. Jacokes, of Pontiac; Dr H. F. Lyster, of Detroit; Dr. J. H. Kellogg, of Battle Creek; Dr. A. Hazlewood, of Grand Rapids, and Dr. Henry B. Baker, secretary.

The president read his annual address, reviewing the work of the board, and suggesting work for the future in the line of securing the introduction of text-books on hygiene in the schools; greater attention by localities to the pay of health officers, and some amendments to the public health laws, etc.

The secretary presented his quarterly report of work in the office, and annual report of property for the fiscal year ending Sept. 30, 1882.

The secretary presented a communication relative to wounds from toy-pistols, describing the pistols and the nature of the cartridges as determinded by analyses, also a report of several cases of lockjaw and death following toy-pistol wounds. He also presented a resumé of the work of other state boards of health. He also presented the statement that the immigrant-inspection service in this state had been continued through October on a reduced scale, impairing its efficiency, and he was requested to urge, on behalf of this board, the continuation of the service through the winter with the same force as in the past summer, because this board believes there is great danger that small-pox will be introduced by immigrants from the lower Canadian provinces.

A committee was appointed, on request of the warden of the State House of Correction and Reformatory at Ionia, to examine the plans of desired buildings at that institution.

Dr. Lyster reported in preparation a paper on the present knowledge of typhoid fever, and he was requested to prepare his paper in the form of a document for publication in the report, and for distribution. In this connection, Dr. Baker presented two diagrams showing for the years 1877-1880 the relations of deaths from that disease to population, from which it appears that the common opinion among physicians, that this disease prevails mostly between the ages of 18 and 35, and that there is little danger after 40, is not sustained by facts. A greater proportion have typhoid fever at the ages between 60 and 80 than at any other age in life.

Dr. Lyster and Mr. Parker presented, and they were requested to complete, a report on the recent epidemic of small-pox at Flint, and they were requested to include Dr. Mulheron's report of the same outbreak.

The secretary was authorized to issue the circular to correspondents relative to diseases in Michigan in 1882, and the circulars and blank forms for annual reports of health officers and of clerks of local boards of health.

The subject of compulsory registration of plumb-

ers was referred to Mr. Parker and Dr. Lyster for the purpose of bringing it before the legislature.

The committee on sanitary conventions was authorized to make arrangements for a convention at Muskegon about the last of November or first week in December.

The secretary was authorized to purchase a Thomson's quadrant electrometer, and by means of it to enter upon the observation of atmospheric electricity.

Dr. Kellogg was requested to prepare a paper on physical culture.

Mr. Parker presented a proposed bill making it a criminal offense to communicate a contagious disease, and it was ordered published in the annual report for the purpose of bringing it before the legislature.

Dr. Baker reported that he had been informed of the suspicious illness of some cattle at the State Fair in Jackson, and that other cattle which had been exposed had been taken to the fair at Grand Rapids. On his information, Dr. Murray, Secretary of the State Cattle Commission, had investigated the subject, and believed the disease to be Texas cattle disease.

In Detroit, it was stated, it was proposed to erect a "flame-ventilated" small-pox hospital as proposed by Dr. Wight, the health officer. Members questioned the practicability of the plan, and it was referred to a committee.

A committee, consisting of Mr. Parker and Rev. Mr. Jacokes, was appointed on a plan for the regulation of medical practice.

Dr. Kellogg suggested some action by the board relative to having sanitary science taught in Michigan colleges.

Mr. Parker presented a report of the meeting of the American Social Science Association, presenting abstracts of the several papers on health subjects.

After transacting routine business the board adjourned. Its next regular meeting will be on January 9, 1883.

Cold Feet.—An old number of the *London Lancet* contains the following seasonable note: It is, as we have often labored to show, a mistake to suppose there is any warmth in clothes. Animal heat is the direct result of changes going on within the body itself. Nutrition by food, and the discharge of energy by exercise, are the efficient causes of heat. Clothes "seem" to warm because they prevent the cold air and objects with a capacity for heat which surround the body from attracting the heat generated within its organism. The clothing is simply an insulator. It follows that it should be light in weight, and above all things that it should permit the free and full circulation of blood through every part of the system—to the end of every finger and toe—and that the muscular apparatus of the extremities should be in perfect working order. If we will wear foot-coverings, whether boots or stockings, which compress the feet and render the separate action of each toe impossible, it is simply absurd to expect to be warm-footed. Heat is the complement of work and nutrition; and if a part of the organism is so bound that it cannot work and its supply of blood is limited, it must be cold. The resort to stouter and heavier clothing under such circumstances is simply ridiculous. Generally it is the stockings that compress the feet. The garter acts as a ligature, and diminishes the blood-supply, while the stocking itself acts as a bandage, and impedes the circulation through the extremity. Let anyone who doubts this try the effect of wearing what is called a "well-fitting"—that is, a tight kid-glove in cold weather. Hard unyielding foot-cases, such as stout boots with no space for the toes to play and no spring for the natural action of the arch of the foot, increase the evil. The first conditions of warmth are, therefore, free action and a full blood-supply. These remarks apply chiefly to the day. At night the wearer of tight and rigid foot-coverings reaps the recompense of his imprudence by sufferings which are wholly needless. When the body is placed in the recumbent posture the force of blood-pump—the heart– is economised and the current grows both weaker and slower. The necessary results of this change is, that there seems to be a tendency to coldness in the state of sleep, and those who suffer from cold feet seek to remedy this discomfort by heaping clothes on their extremities. They forget that the way to maintain animal heat is to incite the system to work. By judiciously and rapidly bathing the feet in cold or cool water before going to bed, and then rubbing them so as to promote the circulation, the blood-supply of the extremities may be augmented; and by the avoidance heavy and, what is called, warm bedclothes on the feet the force of the circulation in the organs will be maintained far more effectually, and with incomparably greater comfort, than when the coverings are doubled and trebled, and even supplemented by artificial heat because the feet are cold! There are, of course, cases in which a different method of procedure must be adopted; but when the seemingly healthy resort to heavy and hard foot-coverings by day and artificial fool-warmers by night, it should be under express medical advice. The normal ways of procuring warmth are the best—namely, nutrition and work.

That Singular Phenomenon.—A correspondent writes: "I was quite interested in the incredible story to which Dr. L. C. Woodman treated the credulous readers of the News some weeks ago, in which he described a young man as breathing forth fire after the manner of the worthies whose feats are perpetuated in the ancient myths. The person who can, by simply breathing on kindling or dry leaves, start up a conflagration, as Dr. Woodman claims his phenomenon can, has before him a career lined on either side with fabulous wealth. Both from a utilitarian and a purely scientific point of view, as well as being an object of curiosity, he would be much sought after. As a drawing card to

a side show he would be an immense success. But seriously, I passed Dr. Woodman's report by, on reading it, with a feeling akin to disgust at the NEWS publishing such trash. Did this feeling originate in my own ignorance? The fact that the report is being copied into leading medical journals begins to create in me a suspicion that there may possibly be some truth in it, and it may be possibe that the phenomenon may find some explanation in some occult physiological law. Will some of the physiologists who read the NEWS kindly come forward? In the density of my stupidity I can see no possible explanation in any law known to me."

MEDICAL RUBBING.—Dr. J. Fletcher Little, in the *British Medical Journal:* "Medical rubbing when skilfully done, is one of the most effective and powerful remedies that we possess. If it is done by ignorant or untrained hands, it is capable of doing immense injury, Medical rubbing can restore the wasted muscles, can unloose the stiffened joint, can promote the enfeebled circulation, can bring back sensation to the benumbed limb, can soothe the irritated nerves, and can promote digestion and assimilation by causing healthy waste and excretion. The principles of medical rubbing are simple and easily understood, so that any medical practitioner can train a suitable person in a few lessons. The rubber should be strong and healthy, bright and cheerful, with plenty of energy and intelligence. A stupid lout cannot make a good rubber. The hands of the rubber should not be too small nor too large. They should not be bony or clammy, nor horny nor doughy. They should be firm, warm, supple. The position of the rubber should always be that of perfect ease. No one can rub if they are craning over a patient, or in a cramped or constrained position. The patient must always be placed in such a position that the rubber is perfectly at his ease. If this is not done the rubber soon tires, uses unnecessary force, hurts the skin, bruises the muscles, and does more harm than good. No muscle should ever be rubbed except it is soft, and no joint except the skin over it is relaxed. The skill of the rubber is greatly aided by the science of the physician in placing the muscles and joints in the most suitable position. The patient should be lying down on a low bed or couch, and the rubber sitting close to or standing by him. The limbs should always be rubbed from the extremities upwards, and the trunk from above downwards. Many attempts have been made to supersede the human rubber and many costly machines invented, which can do no more nor quite as much as the human hand.

DID HENRY VIII HAVE SYPHILIS?—*British Medical Journal:* Dr. William Sykes, Mexborough, Yorkshire, England, claims that Henry VIII, had syphilis, and that had he been treated with a few grains of blue pills, the Reformation in England would not have occurred, and many events equally important in history would have been prevented. The ground on which Dr. Sykes bases his opinions are: First—In 1537 Henry is described as having an inveterate ulcer on his legs. This, according to Dr. Sykes, in a man of fifty, fairly temperate and with no history of violence, suggests syphilis. It may do so to Dr. Sykes, but he seems to forget the inveterate nature of the non-luetic varicose ulcers, which in 1537 were not so well understood as to present. Second—Henry lost his hair early, unlike his ancestors; a suggestion according to Dr. Sykes of syphilis, but men of lascivious habits like Henry often lose their hair without having had syphilis. Third—Nearly all Henry's children were still-born or died soon after birth. Catharine of Aragon had a miscarriage in 1510. A child born of her in 1511 died a month after birth. In 1513 a second child died immediately after birth. In 1514 Catharine miscarriaged again; again in 1515 and once more in 1518. Were Catharine of Aragon of perfectly healthy stock this might be pretty strong evidence, but she came from a family rank with degeneracy from inter-marriages. She had one living child, Mary, whose health was poor. Anne Boleyn miscarriaged once; some authorities claimed from a powerful moral cause. but she had a typically healthy child. Elizabeth had tuberculosis, but this was already existent in the Tudors, and the Seymours. It must be clear that to prove Henry syphilitic, the ulcers must be shown not to have been of varicose origin, and that his alopecia could not have been due to excessive venery alone. It must also be shown that Catharine's ancestry did not have an influence in producing the abortions and premature deaths. It must also be proven that Anne Boleyn's miscarriage did not result from a moral cause. The contrast between her child Elizabeth and Catharine's child Mary seem to indicate that the mother was all important in shaping the health of the child. Dr. Sykes has raised a question of interest. His conclusion, however, does not certainly follow from his premises.

FRENCH MALPRACTICE SUITS.—*American Medical Weekly:* These seem to be settled very judiciously in France. In the United States penalties are rarely exacted from people who have ignorantly, maliciously, or fraudulently subjected a physician to the odium and expense of a malpractice suit. They manage these things better in France, however, as is shown by a case of recent occurrence. A wood merchant (*Journal de Medecine de Bourdeaux*) sustained a compound fracture of the leg. He was at first treated by a physician of the same city. Upon the latter demanding his fee a legal demand was made of $2000 damages caused by his ignorance of medicine, as evidenced in the use of iron perchloride as a hæmostatic. The case was committed to a jury of experts, who decided in favor of the physician, whereupon the plaintiff offered the physician his fees and also to pay the expenses of the law suit. This offer was refused, and a counter suit brought for the fees, the expenses of the first suit, and dam-

ages for injury to professional reputation. The tribunal condemned the patient to pay all expenses of both suits, the physician's fees, and exacted a pecuniary penalty for damages to the physician's reputation. A few counter suits of this kind could not fail to exert a beneficial effect on the mania for malpractice suits which at times breaks out in certain communities of the United States. The great trouble, however, is that the majority of those instituting malpractice suits are so often men of straw that the expenses of a counter suit are hardly justified.

STEALING MEDICAL ADVICE.—It is very well known that although medical advice is made much sport of by certain of the laity, it is a practice among some to get such advice surreptitiously at an ordinary social interview whenever they can. The most innocent conversation sometimes conceals an insidious demand, or ends in a direct request for a medical opinion. One day a physician met in the street a gentleman who was accustomed to annoy him in this way. The doctor was stopped and a number of physical troubles were rehearsed. "Great heavens!" said our Æsculapius in affected alarm, "is that the case? Let me see your tongue." The would-be patient looked around suspiciously, then opened his mouth with some reluctance. "I'll tell you," said the doctor, with apparent irritation, "put out your tongue. How can I make a diagnosis if I only see the tip? There, hold still! Further! Now close your eyes." The patient, conquered, shut his eyes tightly and thrust out his tongue to the utmost. The doctor stepped around the corner quick as a flash, and was troubled no more for advice gratis.

THE REGULATION OF DREAMING.—A French investigator, M. Delaunay, finds from experiments upon himself that the character of his dreaming may be controlled by stimulating various portions of the brain by means of heat. By covering his forehead with a layer of wadding he gets sane, intelligent dreams. He has also experimented on modes of lying, which favor the flow of blood to particular parts, increasing their nutrition and functional activity. He has observed that the dreams he has while lying on his back are sensorial, variegated, luxurious. Those experienced when on the right side are mobile, full of exaggeration, absurd, and refer to old matters, but those produced when on the left side are intelligent and reasonable, and relate to recent matters; in these dreams one often speaks.

These observations may be correct so far as Mr. Delaunay is concerned, but most people who venture to lie on their back, especially after eating, are apt to find their dreams anything but luxurious.

RELIGION AS A THERAPEUTIC HELP.—*Boston Journal of Chemistry:* It is not often that scientific men enroll religion among therapeutic agencies. Dr. Stephen S. Alford, however, in an article on the Practical Treatment of Dipsomania, does this. After recommending total removal of alcohol from the patient in acute attacks, with substitution of bromides, capsicum, Russian baths, acidulated drinks, diluent foods, etc., he advises tonics and a gradual education of the moral strength. He says, "Religious influence is important in the second and subsequent stages of treatment, and to sustain the abstinence that must be religiously observed under all circumstances throughout life. This conquest of self, and keeping the morbid craving in subjection, few men can accomplish. At times, even after years of abstinence, the desire will be most distressing and overpowering. It is refreshing, under such circumstances, to recognize and experience the existence of a Higher Power, who will give the necessary help to all who really believe in it and ask for it.

FOREIGN VIEW OF OUR MEDICAL STATUS.—*British Medical Journal:* The progress in art, literature, and science that has been so marked a feature in the recent history of the United States of America has only been surpassed by that made in medicine. Instead of depending, as formerly, on reprints of imported books for their literature, the citizens of the United States have raised a literature of their own, and their medical and other works are now taking the highest places in all European schools. Their industry, fertility of invention, boldness of action, practicality, and perseverance in patient scientific investigation have enabled the medical men of America to advance our knowledge of the healing art by rapid strides. With them there has been none of the paralysis so deplored in some of the other schools as affecting all scientific pursuits, including medicine, and which has been so clearly traced to the attempt to reduce intellectual operations to the uniformity that constitutes the perfection of a military drill. Their institutions enjoy freedom of action, and they are determined to maintain it. In 1861 there were fifty-seven medical schools or colleges in the United States, each separate and independent of the other, and each having the power to confer medical degrees. Very possibly there may now be more, for the power to confer degrees is granted to all organized bodies seeking it. They allow the law of supply and demand to regulate the growth, and exclude all interference, governmental or other, that might hinder free development and successful progress.

A MAN OF GREAT BRAIN.—According to our excellent contemporary, *Knowledge*, the "heaviest brain ever weighed in the United States was taken from the skull of James H. Madden, who died at Leadville on July 6th. The doctor who attended him during his last sickness had observed the immense frontal and lateral development of his head, and determined to weigh the brain, but his astonishment was great when it brought down the scales

at sixty-two and a quarter ounces. Cuvier's brain weighed sixty-four and a half ounces, considerably surpassing all other records; but the brain of Napoleon, Agassiz, and Webster, although phenomenally heavy, were much lighter than Madden's. It is an interesting circumstance that Madden was not a naturalist, a soldier, or a statesman, but a gambler."

VEGETABLE BUTTER.—An English vegetarian, Dr. Jepson, has proposed a substitute for butter in the following formula: Take four ounces of the finest Brazilian nuts, powdered very fine in a mortar; four ounces of pure olive oil; rub them into a smooth jelly; add eight ounces of fine wheat flour and a quarter of an ounce of salt. The compound is said to be quite palatable, and would certainly seem to be a more desirable mixture than much that is passed off on a long-suffering public under the sacred name of butter.

ESSENCE OF PEPPERMINT IN PRURITUS ANI.—Dr. N. L. Folsom, of Portsmouth, N, H., in a note commenting on the article on "Pruritus Ani," by Dr. L. Duncan Bulkley, as reproduced in our last, states that he has found the essence of peppermint, repeated as frequently as necessary, extremely valuable as a direct application in pruritus ani. In addition, with a view to relieve the condition of which the itching is a symptom, he advises an ointment of alum and bathing the parts with cold water on retiring for the night.

MAMMARY MENSTRUATION.—*Lancet:* Mr. Stear reports a case of vicarious menstruation of this kind in a woman, æt. 50, many years married, barren, and normally menstruating from thirteenth to her forty-eighth year. Blood flowed from the nipples three or four days in every month, at regular periods. Severe pain in the breasts accompanied the flow. Prof. Paget observed that he had seen a young girl who had a monthly effusion of blood in the anterior chamber of the left eye. This was observed in the intervals.

The *North American Review* for November presents an unusually diversified table of contents. "English views of Free Trade," by the Hon. John Welsh, of Philabelphia, is a clear and forcible exposition of the difference between the economic situation of England and that of the United States. Joseph Neilson, Chief Judge of the Brooklyn City Court, writes of "Disorder in Court-Rooms," a subject of profound interest to good citizens at all times, and more especially now in view of certain recent occurrences. The *obiter dicta* of the learned author touching the Guiteau trial and the Lawson-Gray incident at Dublin, are characterized by the best judicial temper. Dr. Wm. A. Hammond, ex-Surgeon-General of the U. S. Army, offers "A Problem for Sociologists," the problem being to determine the degree of responsibility before the criminal law, of persons affected by certain forms of insanity. "The Industrial Value of Women," by Mrs. Julia Ward Howe, is a very able reply to an article recently published on "Woman's Work and Woman's Wages." Advantages of the Jury System," by Dwight Foster, formerly a Justice of the Massachusetts Supreme Court, will command the attention of every thoughtful citizen, being a grave and learned defense of an institution which it is becoming the fashion to belittle and decry. The remaining articles are, "Safety in Theatres," by Steele Mackaye, the distinguished actor and theatrical manager; "The Pretensions of Journalism," by Rev. Geo. T. Rider; and a symposium on "The Suppression of Vice," by Anthony Comstock, O. B. Frothingham and Rev. Dr. J. M. Buckley.

Journal of Cutaneous and Venereal Diseases, is the name under which a new journal devoted to the diseases embraced in the title is launched upon the professional sea. It is manned by Drs. Henry G. Piffard and Prince A. Morrow, neither of which gentlemen require any introduction to the reading physician. The first number is before us and the impression which it creates is that the publication has come to stay. We miss in it the usual "salutatory," which custom has compelled us to search for in a new journal. It has nothing of a personal nature to say either to the profession or the brotherhood of its contemporaries,—doesn't even hold out its hand for a shake, but settles right down to business. We don't believe that this is churlishness or indifference; it is, perhaps, the new way, but we must say that we like the old way best. It is, however, welcome to our table, and all the more so because it comes well stocked with returns for any small favors which we may be able to do it. Its character, moreover, which is traceable in its lineaments, is high-toned in the proper sense of the term, and it will make its mark. Messrs. Wm. Wood & Co. are its publishers, and if additional guarantee of the essentials to a good journal were required we have it in this fact. Issued monthly; terms $2.50 a year.

The *Louisville Medical Herald* isn't anything if it isn't funny, and its fun is of the kind which excites commiseration for its perpetrator. Its latest effort is a pun on the names of the editor of this journal, and on that of Dr. Shoemaker, editor of the *Philadelphia Medical Bulletin.* Punning has appropriately been termed idiotic wit, and the present is not the first manifestation of our contemporary's mental deficiency. This latest effort is, however, aggravated by the attempt to pass the pun off as original. As a drawer on his imagination for his facts and on his memory for his wit, the *Medical Herald* man is equalled by few and surpassed by none. Fortunately he is a unique specimen of what a medical editor ought not to be, and as such may be of much service to the gentleman whom he advocates for the editorship of the proposed American Medical Association journal.

Philadelphians are now advancing reasons calculated to establish their city as the cradle of American medicine: The first practical instruction in anatomy in America was by Dr. Thomas Cadwalader, in 1750; the first permanent general hospital was founded there in 1752; the first clinical instruction in America was given there by Dr. Thomas Hurd, in 1756; the first medical library in America was founded there in 1763; the first medical society in America was organized there in 1766; the first medical dispensary in America was established there in 1786; and the first American medical college was organized there in 1765.

The *Arkansaw Doctor* has not made its usual monthly visit for lo! these many months, and now comes the news that it has joined the innumerable caravan. It was afflicted with a bad spell at its very birth, but we cherished the hope that it might survive it. Our prognosis was incorrect, and we shall never again believe that a journal similarly afflicted can weather the storm. Gone to meet the *Toledo Medical and Surgical Journal.*

The *College and Clinical Record* gravely propounds the following question: "Should Babies' Milk be Boiled?" Without attempting an answer, it strikes us that the milking of babies, which the question implies, should be discountenanced. We can see no benefit likely to accrue from the practice to the baby itself, while the amount of milk which could be coaxed from the average suckling would, whether boiled or in its raw state, be too insignificant to bother with.

The New York Policlinic is the name of a new school for post graduates. Didactic lectures are to have no part in its curriculum, the course being devoted to the teaching of clinical medicine and surgery. It is to be conducted by eminent clinicians, who are to be provided with all the material necessary for the fullest attainment of their end. It would seem to be an institution of unusual importance, and will doubtless meet with satisfactory support from medical practitioners.

The first case of resection of the stomach performed in this country, was by Dr. F. W. Koehler, a homœopathic practitioner, of Louisville, Ky., on the 2d ult. The operation was performed secundem artem, and the patient lived for five hours after its completion. This boldness is a new feature in homœopathic practice, and it would not be surprising to hear of heroic medication after this hazardous use of the knife.

The profession will regret to learn that the European trip undertaken by Dr. J. J. Woodward, U. S. A., for the recuperation of his health, and which prevented his occupying the President's chair at the late meeting of the American Medical Association, has not had the desired effect. Dr. Woodward has returned in a very precarious state of health.

A genius at Fort Worth, Texas, gets credit for having reported a case as, "erysipelas from the toes to the knees; measles from the knees to the waist, and seven-years' itch from the waist to the top of the head." A number of the curious who visited this remarkable conglomeration of exanthemata, contracted the small-pox. The case seems to have been as treacherous as were some of the cases of chicken-pox in this state during the last season.

The *Northwestern Lancet* congratulates the Minnesota College Hospital on its having thrown open its doors to women on the same basis as men. The experiment was tried by the Michigan College of Medicine, and the result has been so far from satisfactory that the doors of that institution are now closed against the weaker vessels.

At the last meeting of the Board of Regents of the University of Michigan, Messrs. Van Riper and McCutcheon, who were absent from the meeting at which Dr. Joy was suspended, placed themselves on record as opposed to such action of the Board. Had these gentlemen been present at the meeting Dr. Joy would have been retained.

Thirty-five young Russian doctors are reported to have recently landed at New York. This introduction of the products of foreign factories should be antagonized in its incipiency. The home industry should be protected by a prohibitory tariff against this competition.

The Peoria (Ill.) *Medical Monthly* for September, contains a very complimentary biographical notice of Dr. E. W. Jenks, formerly of this city. We congratulate our old townsman on the opinions which he is winning for himself in his new home.

Book Notices.

Microscopical Diagnosis. By Chas. H. Stowell, M. D., Assistant Professor of Histology and Microscopy, University of Michigan, and Louisa Reed Stowell, M. S., Assistant in Microscopical Botany, University of Michigan. Illustrated with 128 engravings on wood and 47 on stone. Pp. 250. Price $3.00

Detroit: George S. Davis.

It has been Dr. Stowell's "good fortune to be so situated during the past few years that his entire time has been devoted to the study of histology and microscopy, with special reference to the microscope in its relations to the practice of medicine." This is the declaration of the preface, and indicates the nature of the work before us. The book is especially adapted to the wants of the student and of the tyro in the subject of which it treats, who may after years of practice has awoke to the necessity of a familiarity with the microscope as an aid to diagnosis. It has this to commend it, that it is the production of one who has from practical experience realized the wants in detail of the neophyte.

The second part of the book consists of a reproduction of articles by Mrs. Stowell and W. H. Walmsley, of Philadelphia, as they have appeared in medical and microscopical periodicals. Mrs.

Stowell's work is on the microscopical examination of several of the cereals and of a number of the newer drugs, among which latter are eucalyptus globulus, jaborandi, fucus vesiculosus, alstonia scholaris, Jamaica dogwood, and ustilago maidis. Dr. Walmsley's part of the work is on "Some Hints on the Preparation and Mounting of Microscopic Objects."

As a whole the book is one meriting endorsement, filling as it does its place successfully.

NITRO-GLYCERINE AS A REMEDY FOR ANGINA PECTORIS. By William Murrell, M. D., F. R. C. P., Lecturer on Materia Medica and Therapeutics at the Westminister Hospital; Senior Assistant Physician to the Royal Hospital for Diseases of the Chest (London). Price $1.25.
Detroit: George S. Davis.

The object of this work is to give directions for the administration of nitro-glycerine as a remedy for angina pectoris, the principal points being illustrated by reference to cases that have been under the author's care. The advantages claimed for nitro-glycerine in the treatment of angina pectoris, taken in connection with the potent nature of the drug and its liability to give rise to grave symptoms, would seem to render definite instructions regarding its employment by the general practitioner absolute-necessary. Certainly no one it better qualified than Dr. Murrell, the introducer of the drug into medicine and its investigator, to give such instructions. The little book is singularly practical in its nature and would seem to be absolutely necessary to the physician who desires to test the merits of nitro-glycerine.

LABOR AMONG PRIMITIVE PEOPLE, SHOWING THE DEVELOPMENT of the Obstetric Science of to-day, from the Natural and Instinctive Customs of all races, civilized and savage, past and present. By George J. Englemann, A. M., M. D., Professos of Obstetrics in the Fort-Graduate School of Missouri Medical College, etc. Fifty-six illustrations.
St. Louis, Mo.: J. H. Chambers & Co.

Among the curious books which have been given from the press there are few more curious than this. The title as given above pretty fully defines its object. In collecting the material for it Dr. Englemann has explored fields which few knew ever existed. The labor connected with such a work can scarcely be duly appreciated. The illustrations are in many instances of a very primitive nature but very instructive and interesting withal, while the author's style is very entertaining.

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO SCIENTIFIC ATTAINMENTS. By D. W. Cathell, M. D., Baltimore, Md. Second Edition. Price, $1.25.
Baltimore: Cushings and Bailed.

This second edition of the little work which we took occasion to highly commend in its first edition, a few months ago, has been carefully revised by the author. We have only to repeat concerning it what we wrote before and to congratulate the author on the appreciation of his efforts as indicated in the call for this second edition so soon after the first.

Original Articles.

The Menopause—Gangliasthemia.

A CLINICAL LECTURE IN THE MICHIGAN COLLEGE OF MEDICINE, BY PROF. HAL. C. WYMAN, M. D.

GENTLEMEN:—This woman is fifty years old. She says she comes here because the doctors at home have done her no good. She relates that she has been sick for the past ten years; that she is the mother of five children, the youngest born during her thirtieth year. She has had one miscarriage, and that in her twenty-second year. For two years her left arm has been numb and full of prickling sensations. In reply to my questions she answers that the numb feelings have been sometimes in the other arm and in the legs. In fact, she has had these queer sensations in all the parts that I enquire about, arms, legs, back, head, neck and abdomen. That is not all; at times she has choking sensations, and thinks her throat is affected. Hot and cold flashes annoy her; sleep is disturbed; appetite is poor, but at times good; bowels are irregular; she fears that the doctors do not understand her case, and that she cannot recover.

Four months ago her menses ceased; previous to that they were regular in time but of uncertain quantity, and before that, again, were entirely absent for three or four months, so that we can safely say that menstruation has been irregular in quantity, quality and frequency for three years past.

You will observe that we have questioned and cross-questioned carefully in obtaining the history of her menstruation in order not to be misled by the manifest desire of our patient to make a strong case. It is mainly, however, when questioning in regard to the location and character of pain that cases of this kind are apt to pervert the facts. She has attained that period of life when the normal cessation of the menstrual flux is to be expected, and such time is usually an eventful one, full of forebodings, real and imaginary dangers. We must, therefore, give the case a very thorough examination, that her physical and mental condition may be fully understood. No doubt that every student in the class, particularly among those who have had some experience in the practice of medicine, has made up his mind as to what ails the woman—the turn of life. But you must not dismiss her with such a brief inquiry. We will see: her pulse is quicker than normal; her heart sounds are distinct and natural; respiratory murmur as it should be in health; abdomen is distended, as often seen in healthy women of this age, but gurgles with gas—she often feels something moving in the cavity; has fancied that she had swallowed some live animal, a snake or frog, perhaps, and calls our attention to the jumping in the stomach, which you can plainly see is due to the normal pulsation of the abdominal aorta. Beginners often mistake it for aneurism. Professors of surgery, somehow, manage to impress these dreadful things so deeply on the minds of

medical students, that they are always on the alert for something terrible, and frequently mistake this pulsation for aneurism. During the first years of my practice the number of aneurisms of this character and of the iliac arteries due to fecal matters resting upon them and pulsating like arterial tumors, which I saw disappear while I was reading up and getting ready to operate, was something astounding. Further than the gas, furred tongue, disturbed digestion and baggy walls of the abdomen, we find no physical sign of disease. But we must not forget the uterus and appendages. Gynæcologists have told us so much about its lesions incident to this time of life, that we will be grossly negligent if we don't examine the uterus. We will not frighten our patient with a speculum nor risk injuring her with a sound until the finger tells us those instruments are necessary. With the index finger in the vagina and the right hand over the hypogastrium, we push the uterus upward, noting the smooth feel of the vaginal cervix, the broad fissure of the os, and feel the uterus, between hand and finger, of normal size freely movable. Sweeping the finger right and left of the cervix with the hand in corresponding position on the abdomen we feel no indications of disease of ovaries, ligaments or fallopian tubes. The uterus and appendages are sound. We are, however, nearer a solution of the case than when we began. We have narrowed the diagnosis down until there is but one thing left to bear the burden—the sympathetic nervous system. She has strange feelings, hyperæsthetic abdominal viscera; she has bad digestion, palpitation of the heart, local change of temperature and irregular circulation of the blood—all things that can be influenced by the sympathetic nerve. You will remember how experiments by vivisection have proved to you that section of the sympathetic in the neck will change—increase—the circulation of the corresponding side of the face; how sections of the splanchnics influence the circulation in the intestines; how the sympathetic ganglia are believed to maintain the nutrition, thereby influencing the peculiar functions of the sympathetic nerve; how local changes in the circulation within the cavity of the abdomen may affect the action of the heart and the circulation in remoter parts of the body. If we must give the woman's ill-health a name, we can call it gangliasthenia, meaning a diminution of the power which the ganglia have over the nutrition of the sympathetic nerve.

And what can be done to relieve her? We can say that her disease is not fatal, necessarily. We can control her queer sensations and hot flashes with bromide of ammonium, and valerianates of ammonium or zinc; she will then get sleep and better digestion. A formula that I have used is: ℞ Elixir valerianate of ammonium, ʒ j; bromide of ammonium, gr. xv. M. Take three times a day in wineglass of sweetened water. Assafœtida works well often. We must give her food also: Milk and eggs, with lime water; yolk of egg beaten with two tablespoonfuls of good salad oil, suitably seasoned with salt, pepper, vinegar or lemon, will be relished and serve a useful purpose in maintaining regularity of the bowels. We must see her often; see that our instructions are carried out, and assure her of her ultimate recovery, that her mind and will may be brought into perfect coöperation with our efforts to restore her health. We must never dismiss a case like this and neglect future attention simply because it is hysteria or the menopause—a physiological condition, perhaps. Our responsibility as physicians to guard her against the impositions of charlatans and ambitious specialists does not end until she is a vigorous, healthy woman in the "sere and yellow leaf" of life, or until the microscope has told its story of the grey cells, non-undulated nerve fibers, connective tissue and blood vessels of the sympathetic ganglia.

Congenital Dislocation of Both Knees.

REPORTED TO UNION MEDICAL SOCIETY OF NORTHERN MICHIGAN, BY E. O. SMITH, M. D., ORLEANS, MICH.

The case I wish to bring before you this afternoon is one of congenital dislocation of both knees, or a deformity which consisted in a complete flexion of the legs at the knee in the opposite direction.

Was called May 15th, 1881, to see Mrs. R. H., æt. 37, in her eighth confinement. Not being at home, another physician was called, but he did not arrive until about one-half hour after delivery. Mr. H. called his attention to the child's limbs, which he examined and pronounced a natural deformity, which probably could not be helped, and advised them not to have anything done.

In about two hours from time of delivery I arrived, and found the mother suffering great pain, with some tenderness over the bowels. On inquiry, found labor had commenced Friday morning, May 13th; therefore, labor had been in progress about sixty hours, with strong contractions nearly all the time. After prescribing for her, my attention was called to the baby, which was well developed and to all appearances healthy. The attending nurse stated that it was born with the deformity, and she believed that it was the cause of the lingering case, for it was hours before she was delivered after the child's head rested on the perinæum.

The deformity consisted in the ante-flexion of both legs at the knee, bringing the feet upon the anterior aspect of the thighs. As I looked at the limbs I concluded there was no help; but upon examination I changed my mind.

I took hold of the ankle and raised the leg up from the thigh and examined the quadriceps extensor muscle, expecting to find it contracted, and the cause of the legs being drawn over, but I found it lax and on following the muscle down, found the patella lying loose upon the inner aspect of the knee. I next examined the joints, which seemed to be natural and well developed. Then I examined the different flexor muscles and found them tense and drawn out of their different

notches and the ligaments stretched from the tense muscles drawing upon them.

When I would draw the leg up to extend it and let go, it would fly back again with considerable force. I examined the flexor muscles closely and concluded they were tense from the peculiar position of the legs, and not from contractions; therefore, diagnosed a deformity, caused from the complete dislocation of the knees, which I believed could be reduced. I gave Mr. H. my idea of the case, and then he told what the other doctor said who was there before me; how he had advised him not to have anything done, etc.

I reviewed my examinations carefully and came to the same conclusion, and told Mr. H. I was confident I could help the limbs. He said: "You may try, for you can't make them any worse."

I had the nurse hold the child firmly and take hold of the thigh with one hand. I took a one hand hold of the leg and with the other held of the knee, and with careful manipulation with extension I had the pleasure of seeing the dislocation in both legs reduced. The ligaments about the knee were so stretched and lax that there was great tendency for the flexor muscles to slip out of the notches again, and when they did, it seemed as though they drew or flexed the leg over and caused the trouble or deformity. I dressed the legs as follows, placing the limbs flexed at an angle of 45°, I used a compress in the popliteal space with splints upon the outer and inner aspect of the knee with roller over all, removing them from time to time, as I thought they needed, using friction, cold water and motion. In three weeks I removed them. I might say it was perfectly painless to the child to all appearances, and the legs and feet were well developed. This was the eighth child, all living, and in good health, with no deformities. The mother had received no falls or injuries during gestation. In the last month she felt no motion but did up to that time, which, of course, is of no note. The little patient walked at eleven months, and is as strong as any child of the same age.

Selections.

Diphtheria, its Nature and Treatment.—Dr. Morell Mackenzie, of London, England, who is now on a visit to this country, delivered a lecture at the Bellevue Medical College, from the report of which, as it appears in the *Medical Record*, we select the following:

Diphtheria a Local Disease.—I think that, at the beginning, diphtheria is a local disease. This view was ably put forward by my friend Dr. Elsberg moee than ten years ago. He showed in an article published in the *Medical Gazette*, that although the disease apparently was constitutional from the first, it was in almost all cases primarily local. That is the view I believe in. I believe that the effect of the poison may sometimes be so great that the disease appears to be constitutional from the commencement. I believe that such cases are analogous to those of scarlet fever or small-pox, where the patient is struck down at the very moment of the invasion of the disease. The poison must enter through some part of the system, and I believe that it is local at the beginning. These points bear upon prognosis, and are of great importance. From prognosis we will now pass to

Treatment.—Here, again, remedies of the most varied character possible have been recommended. I recollect reading a paper written by a French physician, in which he said he bled every patient, and that he had treated fifty or sixty, and every one recovered. All I can say is that if we should treat diphtheria in London in this way, I think we would almost be prosecuted. It is exceedingly bad treatment. It only shows that it is possible to make a bad diagnosis, or else it is possible for some people to stand depletion in a most extraordinary manner.

The first great point in the treatment of this disease is to attend to constitutional measures and then to local treatment. The constitutional treatment is of no less importance than the local. It is necessary to support the patient from the beginning, and stimulants are of the utmost importance. Do not wait until the patient becomes depressed, but give stimulants from the very commencement. This is an exception to all diseases, and you must begin with stimulants at the commencement, and give them in the more solid form, such as brandy diluted with water, or port wine; such as furnish nutriment as well as alcohol. When the patient is beginning to recover, the light wines, especially champaigne, are useful; but, in the early stages, port wine with water is one of the most useful you can give.

Stimulants must be given during the night as well as during the day in a very large number of cases. I have seen many cases where patients have died through want of having stimulants administered during the night. In young children it is very frequently necessary to awaken the patient and give stimulants. As a general rule it is bad to wake a patient out of a refreshing sleep to give medicines; but here is an exception, and I would say that if the child sleeps more than four hours, it must be awakened and stimulants and nourishment administered.

We now pass on from the use of stimulants to the use of medicines. Here, again, we meet with a very great variety, but the most useful, perhaps, of all is the perchloride of iron. In this matter I am entirely in accord with Professor Jacobi, who has found the remedy more useful than any other. Professor Jacobi has laid it down that this medicine should be given in full doses. It is also important to give a per salt of iron, which can be assimilated with comparative ease, and probably the perchloride is the best you can use, and of it at least a drachm a day, diluted with water, should be administered; fifteen drops, well diluted with water, four times a day. The only time when I have not given the perchloride of iron has been when I have been trying the local effects of some agent that has been employed. Quinine is a very useful medicine. When the temperature is high it has a very great effect in bringing it down nearly or quite to a normal. These are, perhaps, the most important of the constitutional remedies.

All sorts of specifics have been recommended, but I have not had much success with them. Chlorate of potash has been very much praised both as a constitutional and a local medicine. You may get it, because it cannot, in proper doses, do much harm, and it may do some good. There is one remedy which has been recommended by a gentleman whom I see before me, Dr. Beverly Robinson, and that is

copaiba, which has an important effect upon mucous membranes, as possibly some of you may have had occasion to observe. But its effects are not confined to the mucous membrane of the urethra. It also produces a marked effect upon the mucous membrane of the pharynx and larynx, and that or the whole bronchial tract. I have tried Dr. Robinson's recommendation, giving the medicine in the form of pearls, which the French make, and which children take very easily, and I have administered them with great success. But I must mention that I have used it in the catarrhal form of diphtheria—the milder cases where the exudation is not very adhesive. When the more serious cases of diphtheria are about, you get a large number of cases of catarrhal diphtheria, and in those you will find great benefit following the administration of copaiba.

We will next pass to local remedies, and here again we haae a very wide field. A great many doctors may go through a lifetime and see only a few cases of diphtheria. Some meet with severe epidemics, and others with epidemics mild in character. The consequence is that an immense number of remedies are not only recommended, but the doctors say that they have not lost a case since they began to use such and such remedies. You must look upon such statements with great suspicion, and it is safe to consider that the doctors who have treated so large a number of cases with such uniform success have, at least, treated a mild type of diphtheria.

The local remedies in most common vogue are lime-water and lactic acid. Both of these remedies have one great advantage; they do not do any harm. And here I may say, gentlemen, that it is a great thing, when you are trying a remedy, to use one that does no harm. I earlier days severe caustics were used, such as hydrochloric acid, nitrate of silver, and, if the patient recovered, it was always thought that event was due to the acid or the silver. But all that has been changed. We now know that if strong caustics are used the effect is almost always to cause extension of the disease. The remedy inflames and irritates, and a false membrane is formed in close contingency to that which previously existed. When we were suddenly told by German physicians that lactic acid was used with great benefit, and also lime-water, the news was so gratifying that we all used these remedies, which were not injurious or painful to the patient. Both have been found useful

I ought to say here that certain solutions have been said to be useful because of the effect they produce upon the false membrane, causing it to gradually dissolve and disappear in a short time. But, unfortunately, when we have to deal with the living subject we have a totally different condition of things from that which is present in making experiments, and I have found that when using substances locally sufficient to have any effect upon the false membrane, they had an irritating effect on the mucous membrane which I am treating. Hence I returned to the use of such remedies as do not irritate, and have given up those which had a reputation for dissolving false membrane. With regard to lactic acid and lime-water, they do not have much effect upon the false membrane in the test tube, but they certainly do seem to have considerable effect when applied to false membrane growing upon mucous membrane. It is very difficult to make accurate observations with regard to the progress of the disease from hour to hour in children; but I have had opportunity to try both remedies upon false membrane inside of the lip and upon the tongue, where I could watch the effect. I recollect three cases in which I tried the experiment with lime-water where false membrane was growing upon the inside of the lip. I treated one side with lime-water and left the other to nature, and the side treated rapidly improved, while the other remained stationary. So I believe that lime-water is useful as a local application, and in this respect I differ with my friend Dr. Jacobi, who believes that both lactic acid and lime-water have been overestimated. I strongly recommend that you should use them in every case.

We now pass on to another class of remedies, which I wish to bring to your notice, namely, those which shut out the air. This class of remedies I have intrroduced, and they have been employed in England to some extent. I refer to what may be called varnishing the mucous membrane with benzoin, or tolu dissolved in ether or chloroform or alcohol, and also used in various mixtures. I found as the result of considerable experiment that tolu dissolved in ether, in the proportion of 1 to 5, made an excellent varnish, and that when applied to the mucous membrane it did not cause pain or inconvenience, was sufficiently strong to hold, and did not require to be repeated. Many of these local remedies have been recommended on the ground that they destroy germs. Just here it occurs to me that I have omitted to speak of carbolic acid and salicylic acid, etc. Carbolic acid is an excellent remedy, and it has the effect, as has been demonstrated, of destroying germs, and if used sufficiently diluted it will do no harm.

All this class of remedies have been recommended upon the scientific ground that they destroy germs.

The principle upon which I have introduced the remedies which varnish the mucous membrane is, that whatever the poisonous element may be, whether a vegetable growth or some other germ, or something else, this living matter that causes false membrane to be formed, requires the presence of air. Directly you exclude the air you prevent the growth of germs which require air for their existence. As soon as possible, therefore, I apply this varnish over the false membrane; not only over the false membrane, but all around it. It is of itself to a certain extent a germ destroyer, but everything depends upon the coating of varnish being air-tight. Some of my friends, at first. found considerable difficulty in applying it, and I also had the same experience. At first I wiped the surface, to which it was to be applied, with blotting-paper. I carefully applied this absorbing material to different parts of the throat, and then immediately afterward applied this varnish. This plan answers perfectly well when you can do it; but every now and then you will find a patient who will retch a little just after the blotting-paper has touched the surface, and the mucous membrane becomes wet before you can apply the varnish. I then adopted the plan of putting a piece of lint around my finger and drying the throat with this, and then quickly applying the varnish with a brush. This does not hurt the child, and I speak of children because nine-tenths of our cases occur among children, and it answers perfectly well; but if you should have difficulty with this, I should advise you to apply the varnish all the same. I have had several patients treated entirely by the use of the varnish, whithout constitutional remedies, and with good results.

I shall feel exceedingly proud if, as the result of this lecture, gentlemen shall try the effect of this varnish.

I will now say a few words with reference to the use of steam and the use of ice. Both these remedies are useful, but they should be applied in differ-

ent classes of cases. In the early stages it is very useful to employ ice. It affords the greatest comfort to the patient. Let them have ice, and take as much as possible. Many young children are pleased to have pieces of ice put into their mouths. There is no doubt that it restricts the associated inflammation so often present. In the early stages it is most desirable to use ice, and you can use any amount of it without doing harm. It is only in exceptional cases, where the patient is very much depressed, and in the very advanced degrees of poisoning, where there is gangrene, that ice does harm. In many cases it diminishes the violence of the attack.

With reference to steam, it was first recommended, I think, by Mr. Prosser James, of London. Afterward it was pointed out by Oertel that steam must cure almost every case, and that it was the only remedy of any value at all, because the effect is to separate the false membrane from the mucous membrane. The fact is that when a certain point in the disease has been reached, when the false membrane is beginning to separate, steam is useful. At that time its effect is admirable. In the early stages I do not think it does any good. I think it lowers the vitality of the tissues, and that its effect is most prejudicial; but when the false membrane shows evidences of separating from the mucous membrane its effect is most beneficial. So you need have no fear of clashing heat and cold, for you use ice at first and steam afterward, when the disease has reached a certain stage. One great advantage of steam is that you can use some antiseptic with it, such as carbolic acid, salicylic acid, or any other substance you may choose. And I should advise you to use some mild antiseptic at this stage of the disease, because a certain amount of gangrene is usually present.

Tracheotomy.—These, gentlemen, are the important points which I have to bring before you, and in closing I will make a few remarks only with regard to tracheotomy. The question often arises whether or not you will perform tracheotomy. I may say here that my friend J. Solis Cohen, of Philadelphia, who is with us to-day, has published one of the most complete essays on tracheotomy ever published in the English language. I think the conclusion which may be drawn from this paper is that the operation should be performed at a comparatively early stage. That is the conviction which I have. My advice is that when once there is considerable false membrane in the larynx, when inspiration is so difficult that you see falling in of the sternum each time the patient breathes, and each supra-cavicular space deepened with every inspiration, the time has arrived for tracheotomy. But you will examine the whole of the patient's thorax, and most carefully the posterior part of the chest, to see if air enters both lungs. If you find one lung seriously obstructed, I myself should advise against tracheotomy. If you find that air does not enter the lung beyond the bifurcation of the bronchus, tracheotomy will be useless. Still there are cases in which we have everything to hope if a cure can be effected. But at the same time we should consider the interests of surgery, and when I say the interests of surgery I mean the interests of the entire public, as well as those of the surgeon. If we perform the operation in a case almost entirely hopeless, we have to consider the effect produced upon the feelings of friends when a similar operation is to be performed in a similar case. The point which I wish to insist upon is, that if you perform tracheotomy you should do it directly it becomes necessary. You must not wait until the case becomes hopeless. If you do this you will find that a large number of cases which appear hopeless will terminate in recovery. On the other hand, if you perform tracheotomy too early, you will perform it in a large number of cases which will recover without it. I think the very favorable statistics with regard to the operation, especially those furnished us from Parisian hospitals, are partly the result of the operation being performed where it should not have been performed; that is, in cases of catarrhal laryngitis, slight cases of diphtheria. In this manner you get the most favorable statistics, but it is not a fair procedure to perform tracheotomy before there are distinct signs of laryngeal dyspnœa.

Now, gentlemen, if you observe the directions which I have recommended, I do not think you will cure all cases of diphtheria, but I think you will meet with a certain amount of success, and I also think that you will be able to rescue many patients from imminent death.

An Artificial Membrana Tympani Made of Elastic Collodion.—Mr. Toynbee, of London, was the first who made an artificial membrana tympani. It was a thin India-rubber disk with a wire stem, to facilitate its introduction. It was at best a mere shield to the tympanic cavity, preventing the ingress of foreign bodies, but of no value to audition. Discs of paper were substituted, but with no better result. Of late small pellets of cotton, moistened with glycerine were introduced, with marked improvement of hearing. But the greatest result in that line was achieved by the elastic collodion, both as a protective to the middle ear, and as a conductor of sound, as the history of the following case will abundantly illustrate:

A young lady, aged twenty, came to my clinic, suffering from a profuse fetid discharge from her right ear with total absence of hearing from her fourth year. After cleansing the ear with water, the membrana tympani was found entirely wanting. Not a trace of the ossicles was seen, and the tympanic cavity was filled with a granulating mass, almost of polypoid growth, which bled at the most delicate touch. The auditory canal and the mastoid process were in a normal condition. I poured warm alcohol into the ear, which had the effect of shrinking up the granulations quickly. The use of alcohol for polypoid growths is now generally adopted and, in my hands, has always proven satisfactory. These granulations were easily wiped out with a little cotton attached to the probe, and the cavity of the tympanum was plainly exposed. As stated, not a trace of the ossicles nor the tympanic membrane was seen, but the foramen ovale and rotundum, with their membranes were in clear view. There was no necrosis or mere roughness of the promontory or any other part of the cavity. Hearing distance of the watch, on the meatus 0, the same on the mastoid process, the bone conduction of the vertex good, a proof that her deafness was not labyrinthine.

After treating the purulent otorrhœa for a few days, it occurred to me to try to improve her hearing by means of an artificial membrana tympani. I made a suitable pellet of absorbent cotton, moistened with glycerine, and adapted it carefully to the cavity. It improved her hearing about one inch. I left it in two days. Just about that time I read in the "Transactions of the International Medical Congress,' in London, 1881, a report made by Dr. Krause, of Hamburg, Germany, about the use of elastic collodion in making an artificial membrana tympani. The idea struck me as being good and eminently practical, and I determined to try it at

once with this patient. I followed strictly Dr. Krause's formula.

The patient having been placed in an absolutely horizontal position, I instilled first a few drops of a solution of tannic acid in glycerine—2 gr. to ʒ i—which, being an astringent, was presumed would act beneficially on the suppurative inflammation; a few drops of elastic collodion were instilled upon that, and suffered to remain undisturbed until it solidified. In ten minutes I found that the collodion was unevenly spread. Thicker inferiorly and very thin above, so that it gave way in the upper part, and the glycerine oozed out. Most likely the level was not true, and the fluids, probably too large in quantity, gravitated downwards. So I took it all out, dried the ear carefully, and renewed my experiment. I was intent to have the level absolutely correct, I instilled only three drops of the solution of tannin in glycerine, and on the top of it three drops of collodion. In a few minutes solidification was effected; a beautiful membrana tympani, almost resembling a natural one, presented itself to my view, of equal color and probably of equal thickness. It was solid and strong, vibrating on inflation by the Valsalva method. The test with the watch proved that she could hear it seventeen inches. The joy of the patient was only equal to my surprise and satisfaction, as well as to the pleasure of the numerous students and medical gentlemen. This was on Saturday; on the next clinic day—Tuesday—the artificial membrane was yet intact and hearing distance greater. But on account of the long existence of the purulent otorrhœa, I deemed it best to rupture the membrane, in order to enable me to cleanse the ear, and desepticise it. This was easy accomplished. A mere touch with the probe perforated it, let out the tannic solution and also some fetid pus. The same process was gone through as before, and a new membrana tympani formed in ten minutes, and with each renewal hearing improved, so that now hearing is normal, that is my watch is heard forty-eight inches.

Please follow me in the different steps of the experiment.

1. The quantity of tannin and collodion must not exceed three drops each. A large quantity of tannin is too heavy and too bulky for a thin film of collodion to resist; a larger quantity of collodion will not spread evenly, solidifies slowly and will be too thick for vibration.

2. The interposition of a fluid between the artificial membrana tympani and the drum is indispensable in order to enable the membrana tympani to vibrate. I have tried once to instil the elastic collodion directly into the cavity. It solidified quickly, it adapted itself accurately to the uneven surface of the cavity, but there was no hearing whatsoever. It was no easy matter to remove the collodion then. I had to dissolve it by pressing against it, absorbent cotton dipped in sulphuric ether, and gradually wipe it out. As soon as I returned to the first instilling of glycerine and tannin, hearing was at once restored.

3. The head must be on a perfect level while solidification is going on, any deviation from it will make the artificial membrane of unequal thickness, rupture easily and vibrate badly.

The rationale of this extraordinary result, appears to me to be, that the labyrinthic part of the ear is perfectly healthy, that the total absence of the drum, head and ossicles are the chief cause of her complete deafness (caused probably by the otorrhœa purulenta) the artificial membrane is a fair substitute for the natural one, and the interposing fluid assumes, in part, the functions of the ossicles. Instead of the membrane in the foramen ovale being driven in by the foot of the stapes, it is somewhat impressed by the fluid which is set in motion by the sound wave, and which displaces the otolymph and thus impinges upon the membrana Corti or the acoustic nerve.

This lady patient of mine is very intelligent and very amiable, and if desired, she would present herself, properly escorted, before the society; I could then demonstrate to the satisfaction of all, the really marvelous results of this new appliance in aural surgery.—Dr. S. Pollak, in *St. Louis Medical and Surgical Journal.*

Undescribed Eruption Occurring During the Use of Bromide of Potassium (Ulcus Elevatum).—At a meeting of the New York Pathological Society held on the 27th ult., the president (Dr. E. C. Seguin) presented microscopic sections with the following history: Annie L——, aged twelve, was brought to him at the Manhattan Eye and Ear Hospital on February 24, 1882, to be treated for peculiar attacks which he considered epileptic.

The child's health seemed good; she was fairly well-colored, and her skin was everywhere normal.

She was put upon regular bromide treatment, taking from three to four grammes a day at various times. The indications of coarse cerebral disease was so strong that he also gave her .75 grammes of iodide of potassium three times a day, and applied a few blisters behind the ears.

The epileptic attacks were at once controlled, and the child seemed to bear the medicines well. Owing to some annoyance at having to wait very long one day, the mother ceased bringing the child to the hospital; this was some time in March, and there was then no bromism or eruption.

Rather accidentally, Annie again came under his care in June, and upon inquiry he found that she had had private treatment since leaving the hospital, and had taken bromide of potassium only (no iodide). She was somewhat stupid from the bromide, but the amount given was impossible to ascertain. There was almost no facial acne; the child's color was clear and healthy. The mother, however, stated that since leaving the hospital clinic the child's legs had become the seat of very painful sores. The bandages were removed from both the child's legs, and he saw ulcers distinctly elevated above the surrounding healthy skin. The outlines of the sores were very irregular, varying in vertical width from three to eight centimetres; the largest surface of each sore being on the fibular side of the leg. The edges were sharply defined and nearly vertical. The surface of the sores, raised two or three millimetres above the healthy skin, was covered with brownish black scabs and a most offensive sanies. On removing some of these scabs a rough granulating surface, easily bleeding, was revealed. He used the word granulating, but the appearance was that of a firmer, more villous, in places almost papillomatous formation, than the delicate translucent and uniform surface of ordinary granulations.

The mother stated that this local trouble began in April, while using the bromide prescribed by the physician she consulted after giving up the hospital. At first the right leg was affected with large pimples or boils, which "broke," ulcerated, and coalesced into an open sore. In about a fortnight the left leg was similarly affected. Dr. Seguin directed that the ulcers be gradually cleaned of scabs by frequent washing, and that a strongly carbolized ointment be used twice a day. The dose of bromide of potassium

was fixed at two grammes night and morning. The treatment was not carried out well, and on July 28th he gave her ether, and after removing nearly all the scabs from the left ulcer, applied to it Paquelin's cautery quite freely, and ordered a carbolized lotion for a few days, to be followed by applications of balsam of Peru ointment. At the same time he cut out a strip of the ulcer and adjacent sound skin for histological study; this was pinned on a cork and placed in bichromate of potassium solution. In cutting away this little flap he demonstrated that there was no appreciable lesion of the subcutaneous connective tissue; the derma seemed hypertrophied, but the whole piece was easily dissected away with the scalpel. He reduced the bromide to gr. xv. night and morning, and gave five drops of Fowler's solution after each meal.

Sections of the piece of tissue removed from the ulcer showed great increase in the thickness of the rete Malpighii, with hypertrophy of the whole skin in places. In several places villosities visible to the naked eye occurred, made up of all the elements of the skin thrown up and out into a minute mushroom-like or polypoid mass. In other places proliferation of young cells had taken place in the cutis, with atrophy and rupture of the epidermal layer, and partial escape of the newly-formed tissue, constituting a sort of abscess, opening externally. In other localities the patches of inflammation were wholly circumscribed and subepithelial. The deeper layers of the skin, and to a certain extent the subjacent connective tissue, were infiltrated with young cells. The papillæ, hair-follicles, and sweat-glands did not appear to be the seat of any primary or important inflammatory change. In no part of the section was its surface (edge) covered by granulation tissue, as in a common ulcer. From these appearances he concluded that the ulcer resulted from a dermatitis, which was partly suppurative but largely hypertrophic.—*The Medical Record.*

The Antiseptic Treatment of Typhoid Fever.—At a meeting of the Société Médicale des Hôpitaux, June 9th, M. Ferrand presented the candidate's thesis to Professor Desplat, of Lille, upon the comparative action of carbolic acid and salicylate of soda. The views presented were that the above drugs were excellent antipyretic and and antialgesic agents—sure, rapid, and permanent in their action, but, at the same time, easily eliminated, and, therefore, but slightly dangerous. Except in acute rheumatism, M. Desplats did not find any marked difference in their action.

The discussion which ensued turned upon the use of carbolic acid in typhoid fever. Thirteen members took part and related their experience. Three or four did not commit themselves: the remainder agreed in saying that the drug in question, used as recommended, had a dangerous tendency to depress the system, and to produce pulmonary congestion, exhausting sweats, and albuminuria or polyuria.

It was unanimously voted that the use of carbolic acid in typhoid fever, when given as recommended (in half-gramme or gramme doses by enema twice a day), was dangerous, and without effect upon the course of the fever.

Dr. Ramonet, Physician-in-Chief at the Military Hospital of Boghar, in Algeria, has contributed an article upon the use of carbolic acid in typhoid fever, expressing directly contrary views to the above. He is a follower of Desplat, except that he uses smaller doses, generally not more than two grammes per diem, by injection. The effect, he says, is to lower the temperature nearly 4° F., and to produce a most favorable change in the progress and symptoms. He has treated forty-one cases, with a mortality of only two, or 4.9 per cent. The average mortality from this disease in the army is twenty-one per cent.

On August 22d, at the Academy of Medicine, M. Vulpian read a paper upon the use of salicylic acid in typhoid fever. M. Vulpian based his therapeutics upon the theory that there is a *bacillus* of enteric fever in the intestine, and that this *bacillus* ought to be ferreted out and killed with an antizymotic. Having tried iodoform, boric acid, phenate of soda, and salicylate of bismuth with no effect, he finally settled upon salicylic acid. This in daily doses of two or three grammes was ineffective, but in doses of six or seven grammes daily (gr. xl. to gr. 1. every two hours!) most satisfactory results were obtained in a lowering of the fever and a general amelioration of symptoms. M. Vulpian concluded that this drug, without being curative, had an undoubted modifying influence upon typhoid fever. He thought also that salicylic acid taken by the mouth might act as a prophylactic. The discussion which followed brought out very little. It was only evident that M. Vulpian's views were theoretical, and that the clinical tests of his reputed remedy were not at all conclusive. Salicylic acid has been tried in Germany and America with no very good results, as yet reported.—*Medical Record.*

The Contagion of Phthisis.—Dr. C. T. Williams read a paper with this title before the Section of Medicine at the recent meeting of the British Medical Association. His conclusions are as follows:

1. The evidence of large institutions for the treatment of consumption, such as the Brompton Hospital, directly negatives any idea of consumption being a distinctly infective disease, like a zymotic fever.

2. Phthisis is not, in the ordinary sense of the word, an infectious disease; the opportunities for contagion being most numerous, while the examples of its action are exceedingly rare.

3. In the rare instances of contagion through inhalation, the conditions appear to have been—(1) close intimacy with the patient, such as sleeping in the same bed or room; (2) activity of the tubercular process, either in the way of tuberculosis or of excavation; (3) neglect of proper ventilation of the room.

4. In addition to the above, a husband may, though he rarely does so, infect his wife by coition; and this risk is considerably increased in the event of pregnancy.

5. By the adoption of proper hygienic measures, such as good ventilation, and separation of consumptive from healthy people at night, all danger of infection can easily be obviated.

Mr. Robert Robertson also read a paper with a similar title at the same meeting. He expresses his conclusions as follows:

1. Among one hundred individuals affected, about one-third have recognizably been exposed to the disease within a period having an appreciable connection with the onset of their own illness.

2. Among married couples, of which one person has been affected, there has been immunity from disease in the other person in, at least, 80 per cent. of those inquired into; and that, among the children in the families represented by patients under observation, immunity from disease occurred in nearly 69 per cent.

3. The existence of phthisis in members of the

preceding generation was attended with an increased frequency of its occurrence in the succeeding one, amounting to nearly 13 per cent. Hence it may be concluded that:

1, Probably, in every case of phthisis, the inception and presence of a specific bacterium is essential to the destructive process.

2. Probably there is a certain risk of communication of the disease to unaffected persons, and, *cæteris paribus*, the greater, the more intimate the association.

3. Continued association with a consumptive person is probably not in itself sufficient to originate the disease in any instance.

4. The preparation of the lung-tissue by a chill, debility, etc., is probably as essential to the destructive process as the presence of the specific bacterium itself.—*British Medical Journal*, Sept. 30, 1882.

Boracic Acid Ointment.—M. J. L, Championnière recommends an ointment made of vaseline and boracic acid as an antiseptic mixture which can be preserved indefinitely and is of great value, being non-irritating.

It forms a bland ointment suitable for superficial ulcers or wounds which are not to be irritated; it is applied on a cloth, on salicylated or absorbent cotton batting.

It can be used with advantage as an application for eczema and intertrigo, which although not parasitic, give rise to lesions containing and keeping them. There is no better topical remedy for the erythema of the buttocks of infants. It is an ointment always clean and aseptic to grease the finger and instruments. Wherever there is an irritated wound, it is a most valuable topical application.

Boracic acid is a less energetic antiseptic than carbolic acid; but its action is nevertheless powerful. The author has successfully employed it in very fetid eczemas, and in fetid sweating of the feet. After washing the feet, the ointment is applied in the interdigital spaces; the effect is very good.

The following is the formula of the ointment:

Boracic acid, finely powdered.....1 part.
Vaseline..... ..2 parts.

The acid must be very finely powdered and sifted and not dissolved in glycerine or alcohol, as this renders the mixture irritating.—*Jour. de Med. et de Chirurg Prat.—St. Louis Med. and Surg. Journal.*

Deafness After Mumps.—Brunner gives some general remarks upon one-sided total deafness after mumps: 1. The nervous deafness after mumps may be unilateral or bilateral, the former being more frequent. 2. It is complete, and, according to past experience, is incurable. 3. It develops rapidly in all cases, with vertigo and subjective noises, the latter symptoms lasting a long time. 4. There is little or no fever. 5. Pain is never, or very seldom, present. 6. Consciousness is not lost, nor is there any other symptom present except the excessive vertigo. 7. It may occur in both children and adults. The disease has many similarities to Voltolini's and Ménière's diseases, but it is more like the former than the latter. The vertigo, staggering gait, and subjective noises are common to all three. It differs from Voltolini's disease in the absence of fever, the slight disturbance to the general condition of the patient, and the absence of psychical excitation, and also in that the deafness after mumps is generally unilateral, while in Voltolini's disease it is generally bilateral. The difference is more quantitative than qualitative.—*N. Y. Med. Jour. and Obstet. Review.*

Formulary.

FOR NASAL CATARRH.

℞ Iodoform, pulv..... ʒ j
Extract geranii..... gr. x
Acid. carbolic..... gtt. xv
Vaseline..... ʒ j

M. Sig. Saturate absorbent cotton with it and apply up the nostril at night.—*Atlanta Medical Register.*

AMUSSAT'S LAXATIVE SYRUP.

In the *Gazette Hebdomadaire*, 1882, No. 22 (*Lyon Medical*, June 3, 1882), we find the following formula for the preparation of the *sirop laxatif d'Amussat*, or *sirop de suc d'herbes:*

Rasped guaiacum wood,
Chicory root,
Burdock root,
Waterdock root (*racine de patience*),
Fumitory tops,
Tops of viola tricolor arvensis (*pensée sauvage*),
.....ää 100 grammes,
Senna leaves..... 500 grammes.

Bruise the materials, and infuse for twelve hours with five kilogrammes of boiling water. Strain, and make a second infusion with three kilogrammes of water. Strain under pressure, filter through paper, and make, with honey and sugar, each, three killogrammes, a syrup, which is also said to be filtered through paper, and which should be of the density of 31° Baumé. Dose, one to two tablespoonfuls a day.

ANTI-ASTHMATIC MIXTURE.

The *Jour. de Med. et de Chirurg. Prat.* says that M. Huchard, of the Hôpital Tenen, employs the following, especially when the symptoms of bronchial catarrh are added to the attacks of asthma:

℞ Distilled water..... 300 parts.
Iodide of potassium.
Tincture of lobelia.
Tinct. polygala, of each.... 10 parts.
Extract thebaic.....1–10 parts.

M. A tablespoonful to be taken night and morning.

COMPOUND SYRUP, BUTTERNUT OR ANODYNE ALTERANT.

℞ Ext. hyoscyam..... ʒ j
Ext. juglan..... ʒ vij
Oil sassafras..... ʒ ss
Bicarb. sodii..... ʒ ij
Syrup. simp..... ½ gal.

M. Sig. Dose, one tablespoonful, as required to keep bowels soluble.—*Medical and Surgical Reporter.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, NOVEMBER 10, 1882. No. 21

Editorial.

Courses for Practitioners.

We have recently been in receipt of several announcements of institutions established within a few months, and particularly intended for the supplementary education of practitioners. The establishment of such special courses of instruction must, we think, be accredited to the west, although the east has not been slow to seize the idea and to utilize it for all that it is worth.

The titles under which these recent ventures have been announced — "Post-Graduate Courses," "Courses for Practitioners," etc.—are very taking, and are peculiarly calculated to arrest the attention of the practitioner who has been in the harness for many years. There are few of such, we presume, over whom there does not occasionally steal an almost irresistible desire to return for a season to college halls. This desire is born of a union of a certain sense of the necessity of his brushing up, with a longing for the recreation and the renewal of his youth, which a brief return to a student's life promises the weather-beaten veteran. The names which the newer institutions have assumed have, we say, a peculiar charm for him and strengthen his desire. There is something attractive in the idea that the course is to be for physicians only, that the seats are to be filled only by those who have seen service, and that only such rations are to be served up as are suited to the veterans—none of the milk for babes to be mixed with the solid meat for the adult.

Such "Post Graduate Courses," "Courses for Practitioners," etc., will doubtless prove very serviceable to all who avail themselves of their advantages, but we are under the impression that the features which their projectors, thus far, have claimed as advantages are by no means such. We refer now to the fact that in each of the courses thus far established great stress is laid on the fact that the instruction is to be purely clinical, that those attending them will not be obliged to pay attention to the so-called alphabet of medicine, but will be permitted to plunge at once into choicest stores of valuable practical material. Such feasts are very tempting, but they are not what the practitioner most needs. He has had a surfeit of as rich a supply of such material as the best appointed polyclinic could give him. What he wants most is instruction in the exact divisions of medicine and a brushing up in theory. If he has not been a student during the years he has been in practice he has become rusty in the principles and in the exact divisions of medicine, on which alone a correct system of practice can be based. He stands in need of a polishing up in anatomy, chemistry, physiology, and pathology, rather than in clinical medicine. With a thorough repair of the breaches which time has made in the former he will go back to his clientele a much better practitioner than if he had paid no attention during his stay in the city to these defects in the only proper foundations for a scientific superstructure. It is questionable, indeed, whether, without having first devoted a very considerable time to these, the instruction as sought to be imparted by those who by their instruments of precision, etc., seek to elevate medicine to the plane of an exact science, will be properly comprehended.

On the whole we should advise the practitioner who concludes to take a course of instruction, to repair to some well appointed college with a view to retracing the steps of his student's days, to take his seat on the benches, and to re-learn his alphabet. Much that will be taught will be commonplace to to him but he will be surprised to find how much that is of great value a treacherous memory has suffered to escape him.

Proposed American Medical Association Journal.

Circulars have been issued soliciting pledges of support to a weekly journal which the committee (Dr. N. S. Davis, chairman) having the matter in charge, will recommend the American Medical Association to establish in lieu of the publication of the proceedings after the manner heretofore followed, should the responses show a sufficient desire on the part of the profession for such establishment. The desirability of some change in the present plan of publishing the annual proceedings, by which they might be more promptly given to the profession is generally conceded, but there is much room for doubt as to the feasibility or desirability of the plan contemplated by the committee. At first blush a weekly medical journal issued under the auspices of the great American Medical Association and backed up by its patronage, would be something very much to be wished for. But will a calm survey of the question from a purely practical and business point of view, and divested of all glamour of buncombe commend such a scheme? Any belief that it will must, we think, be open to grave question, and we cannot but believe that the difficulties in the way of that complete success, the hope of which could alone justify the establishment of such a journal, must have loomed up before the experienced journalists who occupy places on the committee.

A medical journal, to succeed, must have the impress of individuality of character. But individuality of character, whether in a man or a journal, engenders inevitable animosity. The man or journal whose course is so ordered as not to run counter to the foibles, prejudices and convictions of some is of too negative a character to be a success, and is barely tolerated in society. It is the men whose enemies would crucify them and whose friends would die for them, that alone make enduring marks. And what is true of men in this regard is equally applicable to a journal. But the man and the journal must be left unfettered and free to follow the bent of his or its individuality. In the event of the establishment of a journal by the American Medical Association, it will, of course, be the property of the Association, each member of which will feel, or be expected to feel, a proprietary interest in it. In the questions, which may at times be momentous, and which, if it be the proper kind of a journal, it will be called upon to discuss, there will inevitably be two sides, and it is but natural that each will want the editor to espouse its views. Here will be the entering of the wedge of discord and the disruption of the harmony and amicable relations among its members, which harmony and amicable relations in the Association we hold cannot be profitably sacrificed, even to science. In the Association professional good fellowship, which it can engender and foster, is of more value than science, which from its very size and complexity, it is poorly calculated to advance.

It appears that the success of the *British Medical Journal* is what is luring certain members of the American Medical Association to the establishment of a journal. Granted that the *British Medical Journal* is a success, its success is under circumstances quite other than those which obtain in this country. The range of that journal's circulation is not as large as one of our smaller states. There is in England no east or west, no north or south. Circumscribed as they are geographically, there can be none of those differences of views on medical politics among the practitioners of England which obtain in this country. The propinquity of the profession there ensures a community of interest.

But it appears that even in the matter of the *British Medical Journal* everything is not as serene as it might be. It has passed through the first decade of its existence, during which the sailing has been tolerably smooth, but now there is a cry of breakers ahead. Dr. J. Milner Fothergill, in a letter to the *Medical Times*, declares that the journal as seen from the inside is "seething with dissatisfaction. It is dissatisfied with the association's relations to homœopaths, with reports of branch meetings he delayed and shoved into small type, with the constitution of the journal committee, with the contribution of the parliamentary bills committee, with the term of office of the editor of the *Journal*, etc., etc." Grave fears are indeed entertained of a rupture in which the association will be arrayed in two hostile camps.

Differences such as the above are perhaps to be regretted, but whether they are or are not, they are inherent in human nature, and are factors which cannot be eliminated in the problem of the success of a journal conducted by an association. It seems to us that the American Medical Association will find it profitable to make haste slowly in regard to the proposed new departure. It behooves the committee who have the matter in charge to consider gravely the possibilities of alarming dissensions connected with the proposed journals, dissensions the possibilities of which the profession cannot contemplate without apprehension.

Diphtheria in Detroit.

The past month has been marked by a sudden and somewhat alarming prevalence of diphtheria in this city. The disease has been confined chiefly to the eastern part of the city, although not to any circumscribed locality. It is of a mild type, comparatively few deaths occurring. The suddenness of the development of so many cases has naturally set our health officer and others to divining the cause, and opinions have not been wanting as to what such cause is. The extreme eastern part of the city is intersected by the bed of what was once a stream known as the Bloody Run, and although no investigations have been made to determine the exact influence of the ditch as a factor in the causation of the outbreak for, want of anything better it has been held responsible, and that too in spite of the fact that it has been there in its present and a worse condition, ever since the massacre on its banks which gave it its name, without a previous occurrence of a similar outbreak. At another part of the city an old cemetery is being dug up and the disinterred remains removed to another resting place, or, in other words, to another burial ground, where to complete their putrefaction and return to mother earth. This disinterment has been urged by some, but with no more reason to support the belief than have the others, as the cause of the present prevalence of diphtheria. It is so natural to desire to discover a cause for an effect that very little reason is sometimes sufficient to cause one to espouse with partisan tenacity the view which offers the most plausible escape from the necessity for careful investigation. We would not presume to say whether the cause in the present instance is the Bloody Run or the old cemetery, although we suppose it is our privilege as well as it is the privilege of others to jump at conclusions. We object to the Sir Oracle opinions which have been promulgated in regard to the causation of the present outbreak. Such opinions, unsupported as they have been by a tittle of evidence furnished by that minute investigation which can alone qualify for an opinion on such a matter, are not only unscientific, but are unbecoming medical men, and particularly so those in authority. Dogmatic declarations of opinions in matters of this kind are antagonistic to the true spirit of investigation. The causes which have been alleged may or may not be the true ones, but no

man's ipse dixit can determine the question. The present prevalence of diphtheria furnishes an opportunity for the investigation into the nature and causation of this disease fortunately but rarely presenting itself in this city. Will not our local Health Board look into the matter and give to the profession and the public some facts gathered rather from the condition of affairs as it exists, than from the text books?

The Hayes-Maclean Malpractice Suit.

The local medical organ of the medical department of the University of Michigan treats its readers to the following in its November issue:

"The MICHIGAN MEDICAL NEWS in a sly and cowardly manner fomented and helped on a certain malpractice suit in the hope of bringing discredit upon the medical department of the University of Michigan in general and a certain prominent professor in particular. Unfortunately for the MICHIGAN MEDICAL NEWS, the result was just the reverse of what it intended. The University and its faculty came out of the ordeal in flying colors, and from all quarters, legal as well as medical, we have heard nothing but the highest praise of the manner in which they defended themselves and the profession from obloquy and injustice. While on the other hand we have heard only strictures and condemnation and ridicule in regard to the figure which the MICHIGAN MEDICAL NEWS and its allies cut in their relations to the case in question. And now the MICHIGAN MEDICAL NEWS whines like a whipt cur over the result, and no doubt, its erudite editor is once more reminded of the oft quoted wise saying of Robert Burns:

> 'The best laid schemes o' mice and men,
> Gang oft awee'" (sic).

The above, poetical quotation and all, is reproduced *verbatim et literatim*. It is its own comment. We have only to say regarding the direct charge therein made that it would be base flattery to call the individual who wrote it a deliberate falsifier. A more deliberate falsehood was never perpetrated. The "certain malpractice suit," it is scarcely necessary to say, is the Hayes-Maclean suit, and "the certain prominent professor" is Donald Maclean. The record of the NEWS in regard to the case is before its readers, and it is only such as are of the calibre and instincts of him who wrote the paragraph above quoted (and we believe they are few) who could distort that record as he has done. That record, and our private utterances throughout, have discountenanced the suit on the general principle of professional interest, and without any discussion of the merits of the case. This is a fact of which Prof. Maclean cannot fail to have been cognizant. In this regard our course has been followed by others who owe Professor Maclean no more personal consideration than we, some of whom objected to take the stand on behalf of the plaintiff, notwithstanding the fact that they criticized the defendant's treatment, and particularly his after-treatment, of the case. We challenge Professor Maclean to substantiate the charge that we "fomented and helped on," either by written or spoken word, or in any other manner, the case against him. The charge is as false as it is cowardly, and it is as cowardly as it is mean.

"The University and faculty came out of the ordeal with flying colors," we are told. We have failed to see wherein the reputation of the University and faculty have been involved. The operation, as we understand it, was performed by Dr. Maclean, and his connection with the "University and faculty" is a mere coincidence. Does the organ hold the University responsible for the acts of gentlemen who happen to be connected with it? Dr. Maclean is a practitioner of medicine and surgery and is engaged as such at Ann Arbor in this state. He is also employed by the people of this state to do certain work at the University. We do not think that the people will concede for a moment that the University is responsible for what he may do in his private capacity as practitioner. It is an unfortunate condition of affairs when the faculty, through its organ, makes such indirect claims (which are, by the way, but a repetition of similar claims previously frequently made) to ownership of the institution in which its members are properly nothing more than the servants of the people.

We would suggest that "the University and faculty" do not "fly their colors" too flauntingly until the case has been decided. A disagreement of the jury, by a vote of eight to four, with the case already entered for another trial at the next term of court, may be considered a great victory by the gentlemen of the "University and faculty," but at this distance, and in view of the apparently deliberate efforts on the part of the defendant, to stir up feeling in quarters in which personal feeling has been held in abeyance for the general professional good, it is difficult to place a value on such a victory. It would take but few of its kind to make a defeat. The case is in point of law just where it was at the beginning. In point of fact it may or may not be as it was. The new trial will determine the latter question. Pending the final decision of the courts good taste, to say nothing of the legal aspects of the case, would seem to discountenance argument as to its merits, as well as the unseemly criticisms in which the University penny whistle and its secular ally (the *Ann Arbor Register*) have seen fit to indulge, as touching both the personel and the testimony of the experts summoned by the plaintiff.

Miscellany.

THE NEW YORK CODE OF ETHICS.—The *N. Y. Medical Journal and Obstetrical Review*, for October, contains a reply to recent strictures by Dr. E. R. Squibb on the new code the adoption of which by the New York State Medical Society has caused the

latter body to be excluded from representation in the American Medical Association. There are certain passages in this reply which all true friends of dignified argument, regardless of their views on the question at issue, will read with pleasure:

"* * * * In another place in the "Ephemeris" he illustrates his position by ridiculing the idea of a well-educated engineer meeting in consultation a believer in the "Keely motor." Now, observe, we do not advocate enforcing of such heterogeneous consultations as the doctor objects to, but we do advocate the right of private judgment in respect to them—the right of the individual, capable by common consent of choosing between right and wrong, of deciding with whom he will meet. For, if an individual is not able morally to decide such a question, how is the moral capacity acquired to make the decision wisely by the aggregation of a number of individuals, every one of whom is supposed to be individually incapable? If the engineers of the United States were to decree solemnly in the code of ethics of their guild that no member of their body should meet a "Keely motor man," there would be some force in the doctor's illustration But the fact is that the members of that learned profession are not hampered by such antiquated and absurd restrictions, but are individually at liberty to meet whom they may please to, and do not become liable to excommunication for meeting a "Keely motor man" or any silly person. An engineer forms his character and gets his reputation on the basis of his personal worth, and with the least possible aid from a mere body of men. He associates with whom he pleases in business and out of it,and is judged by his known character and his business and social affiliations. The advocates of the existing code of ethics in the State of New York intend to defend it against the efforts of its opponents, so that our profession may thus enjoy the same personal liberty and "sturdy individualism" as engineers, lawyers, clergymen, and members of other learned professions.

The argument against heterogeneous consultations is not only based upon a groundless assumption, but leaves out of account, in great degree, the interests of the sick, the ignorant and the credulous, and makes the trades-union protection idea paramount as the rule of medical conduct. If a patient in the hands of an ignorant pretender, under whatever trade-mark, calls in consultation a competent practitioner, it is a step in the right direction. Under the new code the practitioner may in the interests of humanity and in pursuit of his calling respond to his call. If a fair discussion of the case does not result in the sick person retaining the services of the competent practitioner, then it is evident that he has not suffered enough in the hands of the pretender or quack to be cured of his ignorance, and the competent practitioner, relieved of responsibility, goes on his way. If the ignorant pretender or quack should ask the regular practitioner to meet him, the nature of the emergency would determine whether he should do it or not.

It is well known that under the old code, heterogeneous consultations of one kind or another were constantly occurring. They will always occur so long as ignorance prevails and the practice of medicine continues to be, as it always will be, an art, and only partially an accurate science. But consultations are, or should be, for the benefit of the sick, and, if they are heterogeneous, it is for the scientific and conscientious consultant to compose all differences of diagnosis and treatment in the interests of the sufferer, and as the fearless apostle of the truth. The advocate of the truth in medicine has no occasion for fear. He may, in meeting the advocate of error, be greatly discouraged and perplexed, but he need never be dismayed.

Under the freedom allowed by the new code the schemes of those who prey upon the credulous will be more frequently exposed and defeated, and every honest pra titioner will be a loyal minister of the laws, and in possession of the opportunity to enforce those laws against illegal practitioners and to teach the ignorant how to select intelligently the custodians of their health. Under the new code the primary object is the good of the sick; under the old code the primary object came to be the "dignity of the profession" and an inquisitorial scrutiny of the behavior of one's professional rivals. The doctor asks, "What possible good could come from a consultation between a modern astronomer and one who believes the sun moves daily from east to west?" We reply by asking the doctor, "What possible good could come from the modern astronomers combining to make a code of ethics which would forbid one of their number from consulting with a person holding opinions in opposition to one or more of the dicta of astronomy?" Is it not true that modern astronomy has triumphed,even at the stake of persecution, over such proscription? Astronomy, like medicine, has had to fight its way in defense of truth, not only against the inherent difficulties of the science, but against those who assumed to be the sole judges in ethics, and in solemn councils determined what men should believe, instead of leaving the exercise and degree of faith to the individual conscience. Is the doctor afraid that the faith of the modern astronomer is so weak in its foundations as to be endangered by his meeting an ignorant contestant? He constantly assails ignorance with the weapons of the printing-press. Why may he not contend with it in the oral encounter if he chooses to? It was Priestley, we think, who died in the belief that water was an elementary body, and ridiculed the idea of its complex nature by saying that, no doubt, vendors of ice would be going about crying, "Here goes your decaloricated protoxide of hydrogen!" Some would say that such a heretic should be turned out of every learned society, and kept isolated till he had recanted. Under the refinements of modern ethics such a man should be tolerated, even though his

opinions might be at variance with those of his fellows. His fellows are not called upon to approve his errors, even though they may associate with him in other matters and as far as harmony of action is attainable. The fact is, the medical profession needs no guild-government. Its members are good subjects in the State in which they live and are, or ought to be, alive in making its laws and maintaining them. Of course they will form, as they always have, societies of limited size and scope, in which, for scientific and social purposes, they may fix such standards for admission to membership as taste may dictate, but they must not venture to call such small circles by the broad name of State or American. Professor L. H. Atwater, in the "Princeton Review" for July, in an article on "Proposed Reforms in Collegiate Education," says: "The more fully the ends of good government are reached, in such a way that the subjects of it are conscious only of governing themselves, the better." If the principle stated is true of youths in colleges, it certainly is true of the members of a liberal profession, who may safely be left to govern themselves individually in subordination to the general laws of the State and of society.

A Few Medical Notes and Comments.—Dr. Charles Ambrook, Boulder, Colorado, writes: You publish a medical journal, while I am only a reader of it—hence see things in a different light. One is often tempted to answer an article that finds its way into a journal, probably if the impulse was analyzed, because of a desire to just show that fellow how much more the reader knows than the writer; yet why not get good out of Nazareth, and let the answer be published? If every practitioner would once a year jot down (in a rambling way if you please) his new ideas, some one would be likely to receive benefit. For instance, I had read of the many different ways to conduct the sound, when searching for stone, from the bladder to the ear, by wire from the sound to the teeth, or Dr. Davidson's way, by a rubber tube slipped over the end of the sound and held to the ear; but the wire is too stiff and the rubber tube requires a third hand to hold it close to the ear and keep the tube from rubbing against the clothing or flesh, at least so I found it, when trying to find a piece of glass tubing in the bladder. By experimenting, I found that the rubber tube slipped upon the pectoral end of a binaural stethoscope—first removing the heart or lung piece—enabled the operator to hear distinctly and keep the tube out of his own way by simply raising or lowering his head.

As it is but a small distance from the bladder to the anus, probably you will not object to my asking you whether you served in the cavalry branch of the service during the late unpleasantness? I don't believe you did, because you wrote the article upon "Equitation as a Preventive and Cure in Hemorrhoids;" not but the article has many good points in it, only cavalry men do have piles.

But let us get back toward the bladder. Dr. Leggit, in the *Medical Gazette*, wrote an article upon the "Hygiene of the Male Generative Organs," and the main point in his article is that he recommends a thin or else perforated covering for the male testes, to *keep them cool*. You copied the article. Do you seriously believe that anything but age or disease will tone down that member? But, if cool coverings would be any remedy, how is it that the Indians are not more subdued in their sexual impulses; their pants have no seat at all. But if you object to Indians being quoted, how about the Highlanders, who wear no pants? Their "kilt" out-herods Dr. Leggit's "thin perforations;" yet the Highlanders in history are not recorded as being deficient in sexual impulses.

While gossiping upon this sexual question, the January 8th, 1881, number of the *New York Medical Record* contained an extract of a letter from Dr. Shoemaker to the effect that the remarkable "Anaphrodisiac properties of the high altitudes of Colorado upon the male organs." If my memory serves me correctly, you called for information upon that point in commenting upon the article. As to that alleged quality of our high altitudes in this state, I must say that a residence and practice of ten years in this county, in an altitude of from one mile to a mile and a half, enables me to say that I believe it to be "bosh." The high altitude has had altogether too much ascribed to it. At first it affects the respiration and pulse, but one gets acclimated and then the effects of altitude are reduced to a minimum. I have been surprised how little it affects, after a time, persons with valvular disease of the heart. Our high mining towns have upset many old theories about altitude.

I recollect reading an abstract of an article written by some trans-Atlantic luminary to the effect that rheumatism only flourished in damp countries and was emphatically a disease of low altitude. More bosh—or else many of our patients in this section of the United States ought to be prosecuted for passing a counterfeit disease upon us poor practitioners, for we have plenty of rheumatism here and it is both a high and dry country where I practice.

I see that the doctors of Michigan are agitating the passage of laws to control the practice of medicine. I wonder whether savages have as many hobbies as civilized people? The profession has seen the folly of making a hobby of eclecticism or homœopathy, so are now quitting them for a new one, known as "an act to regulate the practice of medicine." We have one in Colorado, and it is stringent enough to even creating a star chamber to supercede the common law courts, by which a man can be deprived of earning his living after being duly qualified, if guilty of "criminal unprofessional conduct."

Well, this law has been in operation nearly two years, and the results are that every one of us quali-

fied practitioners who were foolish enough to allow it were "beat" out of six dollars for certificate and registration, while those who did not want, or could not get the document, kept right on practising. A few prosecutions have been instituted, but the results were "nil." But one tangible result was, that several very estimable medical gentlemen of all three schools have received the benefit of the advertisement, whatever that may be worth, of being "members of the state board of medical examiners," but the country jogs along about as usual. The world always did resent having guardians appointed over it, both medical and spiritual.

I was taught, and consequently believed, that quackery and homœopathy must be crushed, or at least ignored. But time and experience has taught me that crushing is a game two can play, and it don't pay to ignore a stone wall; besides, a successful practitioner has enough to do to attend to his own patients. The description of the profession in Canada, as given by Dr. Hal. C. Wyman in his address, entitled "The Aim of Medical Teaching," has food for thought.

THE TEMPORARY TREATMENT OF DENTAL CARIES.—*New York Medical Journal and Obstetrical Review:* It often happens that physicians are called upon to put an end to the intense suffering occasioned by diseased teeth, the services of a dental practitioner not being at command. Failing to allay the pain, or perhaps declining to undertake what seems the hopeless task, the physician is apt to yield to the patient's importunities, and extract the offending tooth; thus many teeth that might be reclaimed are sacrificed. How to avoid this loss, and yet give relief, is set forth by Dr. Shirly Deakin in the July number of the *Indian Medical Gazette.* Suppose a patient to be suffering from caries of a tooth connected with abscess of the gum, capable of opening his mouth only a short distance on account of swelling of the side of the face; and to have passed sleepless nights, in spite of having applied creasote, carbolic acid, chloroform, etc., without much effect, beyond cauterizing his gums. The tooth being found to have a strong smell, the patient is directed to rinse his mouth well with tepid water (water of the temperature he finds most agreeable). After drying the mouth, absorbent cotton, either in pledges or twisted into a rope, is introduced around the tooth, so as to separate it from the tongue and the cheek. The cavity is then to be cleaned and dried out, as thoroughly as the tenderness will allow of, by means of a bent probe with some absorbent cotton twisted round its end. In this part of the procedure the great point is to keep the tooth cavity free from saliva, and thoroughly dry. The cavity is now to be filled with a cotton pellet saturated with the following mixture:

℞	Pure phenol (carbolic acid No. 1).	f ʒ ss
	Glycerine.....	♏ xx
	Tannic acid.....	ʒ ij

M. Instead of this precise quantity of tannic acid, as much of it may be used as the carbolic-acid solution will take up, adding it slowly, forming a molasses-like liquid, the action of which, the author says, is quite different from that of either of the chief ingredients used separately. The application is painless, and it quickly desiccates the pulp, rendering it perfectly insensible, without appearing to permeate the surrounding healthy dentine to any great extent. A piece of cotton soaked in a solution of mastich or gum benzoin in ether, is applied over the pheno-tannic pellet, to protect it from the action of the saliva. The pledgets of cotton are now removed from about the tooth, and the mouth is well rinsed with water. Should there be any subsequent tenderness, the plug may be changed, two or three times a day at first, and then once in two or three days, until all inflammatory action has has sudsided. Often but one application is needed. As soon as the patient can bear the necessary manipulation the cavity is to be cleaned out thoroughly and stopped with oxychloride of zinc (*os atificiel*). The author has known this filling to remain serviceable for three or four years.

THE POVERTY THAT HIDES.—*London Lancet:* The poor are always with us, and yet we know them not. The poverty that parades its needs and is perpetually asking for "relief" is not the real indigence that true humanity should be most solicitous to help. It is the poverty that hides which the genuine philanthropist should search out and succor. In this great city there are thousands who know the bitterness of unsatisfied hunger, who endure the misery of that most blighting of all cold, the chill of starvation; who suffer torments of mind-worry and wretchedness; and who are, in short, dying of destitution while they keep up an external appearance of respectability and even of content.

Medical men who are admitted to see life stripped of its tinsel, especially those who have to deal with the mental phase of human nature at close quarters, and in its weakest moments, when pretense is no longer possible, have this hidden poverty brought painfully home to them. The outside public has no conception of the extent and depth of the impecuniosity that prevails, and the bitter, aching void that is unsatisfied. We pity the so-called "starving poor;" Heaven help the starving "well-to-do" and even seemingly "wealthy!" It is a grim fact that there are at this moment members of the professions, tradesmen, clergymen, and educated persons of all classes and grades of society, who are poorer and more at a loss how to feed themselves and their families than the average "poor" upon whose recognized needs society is wont to exhaust its charity. Would that there could be a "secret service fund" managed by a committee of trusted philanthropists who would not need to publish their doings to the world, and who had the wisdom to conduct their mission of mercy with the tact that genuine benevolence always demands. The sufferers of whom we are

speaking, and for whom we would plead, not only affect, but feel, that pride in life that absolutely deters them from making their circumstances known. They would, and do, die rather than confess the urgency of their poverty. When we read of cases of "starvation" that attract notice by the finding of coroners' juries, and disclosures made before the magistrates, we wonder how many in this ostentatiously charitable community of ours even suspect the existence of the poverty that hides.

Food makes the Man.—*Lancet:* Speaking roughly, about three-fourths, by weight, of the body of man is constituted by the fluid he consumes, and the remaining fourth by the solid material he appropriates. It is therefore no figure of speech to say that food makes the man. We might even put the case in a stronger light and affirm that man is his food. It is strictly and literally true that "a man who drinks beer thinks beer." We make this concession to the teetotalers, and will add that good sound beer is by no means a bad thought-factor, whatever may be the intellectual value of the commodity commonly sold and consumed under that name. It cannot obviously be a matter of indifference what a man eats and drinks. He is in fact choosing his animal and moral character when he selects his food. It is impossible for him to change his inherited nature, simply because modifications of development occupy more than an individual life; but he can help to make the particular stock to which he belongs more or less beery or fleshy or watery, and so on, by the way he feeds. We know the effect the feeding of animals has on their temper and very natures; how the dog fed upon raw meat and chained up so that he cannot work off the superfluous nitrogenized material by exercise becomes a savage beast, while the same creature fed on bread and milk would be tame as a lamb. The same law of results is applicable to man, and every living organism is propagated "in its kind" with a physical and mental likeness. This is the underlying principle of development. Happily the truth is beginning, though slowly and imperfectly, to find a recognition it has long been denied.

Wound of the Eye, with Peculiar Condition of Pupil.—Dr. J. B. Sullivan, Stanton, Mich., reports the following: On the tenth of this month I was called to see a very severe case of ecchymosis. History as follows: A young man, aged 18 years, was at work in a mill. A bolt six inches long was thrown from a revolving shaft, and hit him on the upper lid of the right orbit, knocking him down. He remained in a state of coma till he was brought to a doctor in this city. The doctor gave him laudanum to apply, saying he would be right in a day or two. The young man was in so much pain that he sent for me four hours after. I found the eye-lid badly bruised, presenting a three-cornered cut near the centre of the lid, which caused the upper lid to drop below the under lid; so badly swollen that no appearance of the eye was visible. On examination I found severe laceration and contusion of the parts. The wound implicated the tarsus, and had divided the fibres of the levator palpebræ. The infra-orbital nerve proved to be injured, as the pupil of the eye was much enlarged. After the the tumefaction was reduced enough to make a full and complete diagnosis, I tried calabar bean to reduce the dilatation, which had no affect whatever. I then tried atropine to enlarge the dilatation, which it did. I then tried calabar bean, which this time soon reduced the pupil to its normal size. Query: Why did the dilatation have to be effected before the pupil could be contracted?

Michigan Medical Bill.—Dr. G. W. Mallory, Lowell, Kent Co., Mich.: In your medical journal of October 10th I notice the proposed "Medical Bill" by H. B. Baker, M. D., of Lansing, Mich., is to be introduced and acted upon at the next session of the legislature. In the main, I think, it is a good bill, but it will not be of any great benefit to the present generation, as it allows those quacks that now practice the same privileges as the regular graduate. Then again, it takes away some privileges which belong to the State University. Now, I claim that we want a "Bill" that will protect not only those that hold regular diplomas, but the medical department of our University. Let a "bill" be framed requiring those that are now practicing in this State without a diploma to go before the medical faculty at Ann Arbor and be examined in all the branches pertaining to medicine and surgery, and receive a diploma the same as any other student. To appoint a special board of examiners would only be an additional expense to the State. I hold that no person should make a business of prescribing or practicing medicine or surgery without a diploma from some legalized medical institution. If we get a "Medical Bill" before the legislature let us have one that will do some good now, and not oblige us to wait until a generation has passed away. The proposed bill reflects on our University, and on the regular practitioners. There are more quacks practicing medicine in this State than those who hold regular diplomas, and the proposed bill designs to place them on a level with qualified physicians.

Sydenham.—Of Sydenham, Dr. Oliver Wendell Holmes says: "He had his hypotheses, like others of his time; he talked about the humors, as preceding generations had done; but he kept his eyes open, he watched the progress of disease, he noted the influence of times and seasons, he recognized the meaning of the efforts of nature in the cure of disease. He ordered free ventilation for diseases in which the patient had been "stifled in bed;" he directed horseback riding for consumptives; he prescribed a roast chicken and a pint of canary for a nervous young man whom the pedants and the pathologists

of his day would have probably bled and drenched; in short, he was a man of excellent judgment and much more than common sagacity, and did not allow his theoretical speculations to blind him to the facts of disease before his eyes. It is almost two hundred years since Sydenham died, but there is wisdom in his writings which never grows old."

THE ARTICULATIONS.—The following arrangement of the names descriptive of the various articulations, is by Dr. James L. Little, Professor of Surgery in the University of Vermont, and of Clinical Surgery in the University of New York:

Enarthrosis, bone to bone,
Femur, Acetabulum;
Ginglymus, the hinge I see,
Forwards, backwards swings the knee.
Arthrodia, near the end,
Glide along the foot and hand;
Synchondrosis, we allege,
Calls for costal cartilage;
Syndesmosis—ligament,
Binding bone to bone is meant.
Syssarcosis—lower jaw,
Flesh from ribs to scapula.
Suture, a stitch withal,
Coronal, lamdoid, sagittal.
Harmonia—Tipperary,
Rhymes with supramaxillary.
Schindylesis—plowing done—
Vomer in the sphenoid bone.
Gomphosis sets all things right;
Tooth in socket pretty tight.

REMONSTRANCE OF AN ASYLUM SUPERINTENDENT.—*British Medical Journal:* On the suggestion of a doctor that those who associate with the insane transmit the disorder to their offspring.

Dear Doctor, I beg you—I pray you—don't tell us
That you really believe in an insane bacillus!
That in mingling with patients we're breathing an air
Full of germs of mad phrenzy and hopeless despair;
That, although our own minds may seem perfectly sane,
Parasitical growths will forever remain
In our system, infecting the blood and the brain;
So that, if, by good luck, we ourselves don't go mad,
The child will inherit the germs of its dad!

Already, in truth, are our troubles enough,
Without being told this nonsensical stuff;
In peril from blows, in peril from flurry,
In peril from fire, in peril from worry,
In peril from Lunacy Board and Committee;
Are these not sufficient, dear sir, in all pity?
Forbear then to talk, I beseech you, until I
Have time to examine these wretched bacilli.
But if you insist on such growths diabolic,
Pray send me a bottle of mental carbolic.

Any reader who may be interested will, by addressing "Medicus," Oakland, Coles County, Illinois, place himself in correspondence with a practitioner who will sell a property worth $2,300 for $2,000. The town has 1,200 inhabitants, on a line of railroad, in an excellent farming community. The practice to which the purchaser would succeed has been ten years in establishing, and is now paying $3,000 a year. Good reasons are given for selling.

The National Board of Health *Bulletin* having been obliged to suspend, through the cutting off of the appropriation for its publication, the *Sanitary Engineer* will hereafter endeavor to supply the much-felt loss by devoting a portion of its space to the publication of the more important information heretofore given in the *Bulletin*. It has the sanction of the National Board of Health in so doing and will be aided by that body in its laudable undertaking.

The Hygienic congress recently assembled in Geneva declared unanimously in favor of cremation as against inhumation, as a means of disposing of the dead. The advantages in favor of this means are great from all points of view, sanitary and economical included, and there is nothing in the way of tenable objection which can be urged against it. Inhumation has its stronghold in traditional prejudice only.

There are those who detect in the dates of the occurrence of the great epidemics of cholera, grounds of alarm to this country next season. These epidemics have occurred regularly every sixteen or seventeen years—1817, 1833, 1850 and 1866—and and should the rule hold good there will be abundant opportunity next summer of putting to the test Dr. E. Halsey Wood's theory and proving the virtues of the bromide of ammonium.

The December number of the *North American Review* is to contain two symposiums, one on the Health of American Women, by Dr. James R. Chadwick, Mrs. Elizabeth Cady Stanton and Dr. Dio Lewis; and the other on Success on the Stage, by John McCullough, Madame Modjeska, Joseph Jefferson, Lawrence Barrett, Maggie Mitchell and William Warren.

A man recently secured a divorce from his wife in St. Louis because she had hiccough. The affection had lasted twenty years despite all means directed to its relief. It prevented his sleeping in the same apartment with her and made his poor life miserable. Divorce as a sequel of hiccough is something new in nosology.

To any one who may doubt the orthodoxy of Dr. Samuel A. Jones' homœopathy, the statement of that gentleman in the *New York Medical Times* will doubtless be convincing. He declares that "all hell plus a great gross of Milwaukee tests" are insufficient to shake his faith. Certainly a faith which will resist a pressure like this is not be sneezed at.

Depaul (*Deutsche Med. Zeitung—Obstetric Gazette*) declares it possible by the administration of iodide of potassium to the mother to reduce the size of the child in utero. He has prevented dystocia by this means in cases which in previous labors were very tedious and exhausting, owing to contraction of the pelvis.

Never we believe in the memory of the present generation has quinine reached its present low price. It may be purchased for $1.50 an ounce. This would seem to be down very near to bed rock; too near to permit of a repetition of the vast fortunes which manufacturers amassed under the protective tariff.

"I am very, very sick, doctor, am I not?" "We-ll, ah-ah"——"O go on, doctor—do let me know my condition! Only, if you wish me to believe you implicity——" "What then?" "Don't tell me the worst!"

Florida, Kansas, Maine, Missouri, Nebraska, Nevada, Ohio, Pennsylvania, and Vermont, are, according to Dr. Gihon, U. S. N., the only states of the Union which have not established State Boards of Health.

An old lady in Massachusetts on hearing that John Bright meditated a visit to this country, declared that it was all right, but hoped he would not bring his disease with him.

Dr. Oliver Wendell Holmes has resigned his professorship of anatomy at Harvard. He will devote the remaining years of his busy, cheery life to literature.

Dr. C. L. Howell has removed to Flint, where, besides engaging in general practice he proposes to devote himself especially to dermatology.

Original Articles.

[Special Report for the MICHIGAN MEDICAL NEWS.]

Impotence and Spermatorrhœa.

A CLINICAL LECTURE, BY PROF. S. W. GROSS, M. D., PHILADELPHIA.

P. A., colored, thirty years of age, waiter. Has had gonorrhœa and syphilis frequently. Is of a very amorous disposition; has frequent intercourse with his wife and frequent seminal emissions. Just before going to sleep he feels something rising from between his ribs and hip on the left side. This sensation goes up to the heart, causing a soreness there and subsequently a warm feeling. He often has from two to three spells of this character during the course of the night. The following morning he always feels very weak in his arms and side. The patient does not sleep well, gets angry and frightened easily, and becomes fatigued upon slight exertion.

Apropos of the above case, I wish to speak to you somewhat at length to-day, upon the subject of sexual exhaustion. It will be necessary to begin with a study of the the physiology of the sexual act in the normal and abnormal performance. You all know that what goes by the name of the sexual orgasm is an inordinate excitement of the whole nervous system. In this excitement certain parts of that system are especially active; exactly what parts we do not as yet know. The cerebrum probably feels the excitement but slightly in comparison with the lower portion of the spinal cord. The sexual orgasm bears a very intimate resemblance to epilepsy, therefore the brain must bear some part, however slight it may be, in the performance of the function. When any part of the body is in a state of excessive functional activity, there is always a condition of active congestion, as a result of which there is a state of subsequent depression. The greater has been the excitement the greater, of course, will be the depression. So, in the performance of the sexual act, there is an intense congestion of the nervous system, followed by an equally marked exhaustion. Under ordinary circumstances the sexual act is only performed once in three, four, or five days, so that a long interval is left for the recovery of power. If the interval be short, however, and the act be repeatedly performed, there will be repeated congestion and exhaustion. This state of things tends to bring on a condition of semi-passive congestion of the nerve centres, while the exhaustion becomes permanent. Sexual exhaustion may be due to two causes, viz.: excessive venery, and onanism, or masturbation. There may be, perhaps, a slight difference in the meaning of these latter terms, but I shall use them synonymously.

MASTURBATION.

Some persons think that masturbation is more injurious in its effects than excessive venery. I do not believe this. I think that masturbation is much more frequently a result of insanity than *vice versa*. This practice of masturbation is a very prevalent one among both sexes. It is almost universal in boarding schools. If its effects were as serious as some would have them to be we should find the community full of wrecks produced by it. In excessive venery two individuals are necessary to the performance of the act, and the circumstances must be propitious. The act of onanism may be performed many times a day without full gratification or complete ejaculation of semen upon any occasion. Consequently there is always stimulus left behind to masturbate again. In masturbation there is rarely indeed the full gratification experienced in complete copulation. The reason that onanism produces diseases more frequently then venery lies, therefore, in the fact that it is much more frequently committed. The results of onanism are entirely distinct from those of excessive venery. Following excessive masturbation comes spermatorrhœa. There may always be found two kinds of spermatorrhœa; true spermatorrhœa is

rare; spermatophobia is very often encountered. In this latter form there is always great depression of spirits. The patient comes to you thinking he has entirely lost his manhood, and with a terrible woe painted on his face. He tells you that he has been guilty of masturbation when young, and that now he has a seminal emission once every two or three weeks. His symptoms are becoming more and more hypochrondriacal. In true spermatorrhœa the symptoms are different, the emissions being much more frequent. It is hard to draw the line between natural and unnatural emissions. In the milder form of spermatorrhœa they only occur at night. In severe cases they may be caused at any time and particularly by certain kinds of gymnastic exercise, horseback riding, or even by the mere presence of females. In some cases they may occur without any apparent cause. In making your diagnosis be sure that you distinguish between the above forms of true and false spermatorrhœa; you must institute most careful inquiries, and, if necessary, make a microscopical examination of the spots on the linen, after having moistened them with water. The general symptoms of masturbation are those of nervous exhaustion. Along with this there is generally remorse, loss of ambition and energy, fickleness, inconsistency, general and spinal weakness, aching pains in the loins, pallid face, and general hang-dog expression.

TREATMENT OF MASTURBATION.

Treatment may be divided into hygienic, medical and surgical. I have never yet seen a case so severe as to need surgical interference. Of course as a most important and initial step, the patient must be persuaded to stop the practice at once and forever. Then the hygienic treatment is in order. Insist upon it that your patient take plenty of thorough physical exercise. Enough exercise should be taken each day to produce decided fatigue. Then, too, he must live largely on farinaceous food, avoiding meat as much as possible. A large meat diet throws a great strain on the kidneys, so that your treatment may fail entirely until the patient be restricted to farinaceous diet. All kinds of exercise which irritate the genital organs should be positively forbidden, such as horse-back riding and pole climbing. In some cases it may be necessary to keep the patient away from females. Emissions generally occur during sleep, so you must have particular care as to the way in which your patient sleeps. As sleeping on the back provokes emissions (why, I do not exactly know) he must always sleep on his side and on a hard bed, with as few covers as the weather will allow. The bed room, too, should be cool, and the bladder should always be emptied before lying down to sleep. Sometimes the strict observance of these precautions alone will suffice to effect a cure. Of course a certain moral hygiene must be insisted upon at the same time. All sexual literature, theatrical and other scenes, must be avoided, and all mental impurities, for the time being, at least, completely banished. As regards medical treatment, the all-important indication is to subdue all excessive irritability of the parts. To do this bromide of potassium will often suffice. This should be given in doses of from twenty grains to half a drachm thrice daily, or, you may give doses of brominated camphor, five grains three times a day in emulsion. Along with this soothing treatment, iron and some bitter tonic may with profit be employed. In some instances ergot, by relieving the congestion of the spinal centres, does great good. The success of your plan of treatment will depend largely, of course, upon the way in which it is carried out. In some cases the habits and associations may be so viciously fixed, that you may have to insist upon your patient's going to work as laborer on a farm.

EXCESSIVE VENERY.

It is difficult here, also, to draw the line between proper and excessive sexual relations. What one man can with impunity stand, would entirely break down another's constitution. Excessive venery, though most common among unmarried, is frequently met with in married life. The question will be often put to you by husbands as to how often they should have connection with their wives. With ordinary men, once a week is sufficient. Where, however, both husband and wife are robust, twice a week is not too often. The best rule to adopt in this matter is that the act is performed in excess when its results, exhaustion, etc., make themselves felt. The normal act should leave no trace behind. The symptoms of excessive venery are those of general debility. In some cases there may be slight spermatorrhœa. There is weakness about the loins, back and lower limbs. In severe cases there is loss of power in the lower limbs, almost amounting to palsy. Excessive venery is probably always attended with some molecular change in the nerve centres. After prolonged abuse, organic changes, such as myelitis, locomotor ataxia, and chronic sclerosis take place. The case which I have taken as a heading for my lecture is a very good example of the more marked symptoms of excessive venery. Although, as I have said, excessive venery is occasionally the cause of organic changes in the cord, yet I am inclined to believe that not infrequently it is a result, rather than a cause, of commencing neural disease. Paraplegia following excessive venery is rare. In some instances the brain is affected with cerebral softening or epilepsy as a result. In epilepsy from this cause the aura is more distinct and travels more slowly than in idiopathic epilepsy. So that if the aura begins in the forefinger, for instance, there is time enough, usually, to grasp the wrist firmly, and so prevent the seizure.

TREATMENT OF EXCESSIVE VENERY.

Of course, the practice must be stopped. In some cases it becomes necessary to insist that husband and wife sleep in separate beds. All coition must be absolutely forbidden until perfect virility be regained. As regards hygiene, nourishing food, warm clothing and plenty of sunlight and exercise are in-

dispensables. Where the emissions are numerous the same hygienic measures as in cases of masturbation must be employed. Medicines may be given, first, to cure the disease, and, second, to aid in the moral effort at continency. For the first purpose iron and the bitter tonics are indicated, while to subdue all excitement and local irritability the bromides may be given up to the point of producing bromism. A specific remedy is phosphorus. It may be administered alone or with ergot. The ergot is very plainly indicated where there is numbness or prickling of the limbs. The action of phosphorus in some cases is really wonderful. Do not, however, give phosphoric acid and think that you are giving phosphorus. Where the disease has gone on to organic spinal disease you must treat the symptoms on general principles.

IMPOTENCE.

I want, in conclusion, to say a word to you on this subject. There are two kinds of impotence: First, that connected with excessive irritability of the organ, and second, where there is loss of power without irritability. We usually meet with the first form in young men who have been in the habit of masturbating before they were married. In these instances emission occurs before, or just after, intromission. The proper treatment in such cases is continued doses of the bromides. The patient must be also warned against marital excesses. In the treatment of the second form the following is a good remedy:

℞ Tinc. cantharid.....gtt. vj.
Tinc. ferri chloridi .....gtt. xv–xx.
Sig.—Thrice daily, in water.

In impotence with spermatorrhœa the tincture of cantharides acts like a specific. The cantharides should not be given where debility is absent. If further treatment be required, cold bathing, strychnia and electricity may be employed.

Gun-Shot Wound of Peritoneum, Pericardium, Heart and Pleura.

REPORTED TO THE WAYNE COUNTY MEDICAL SOCIETY BY HAL. C. WYMAN, M. D.

Dr. P. S. Connor says in the International Encyclopædia of Surgery: "The experience of the last twenty years has clearly demonstrated that the laying open of the peritoneum is not as dangerous as had previously been thought; that the serous membrane is a great lymph sac that will absorb septic material most readily and rapidly; and that for the prevention of a fatal result from such absorption drainage must be secured. Whenever, then, the symptoms clearly indicate that extensive bleeding has occurred, or is still taking place; that the stomach or intestine has been opened; or that there has been an intraperitoneal extravasation of urine or bile, it certainly seems to be proper, and the surgeon's duty, to perform laparotomy, turn out all clots, tie such divided vessels as can be found, sew up the opening or openings in the intestinal tube, thoroughly cleanse the cavity, and provide for the ready outflow of any fluid that may afterwards be found out."

During a visit to the valley of the Yellowstone last summer, I called upon Dr. Sabine, of Forsyth, Montana, and was asked to see a young man of perhaps twenty-five years of age, who had twelve hours before been wounded by a revolver ball of 45 calibre. It had entered on the inner aspect of the thigh a little below the termination of the left gluteal fold, and passed upwards through the pubis, as indicated by the probe.

Immediately after the wound was received he vomited a considerable quantity of blood, mixed with partially digested foods and rapidly grew pale and weak, though little blood passed from wound in thigh. He complained of great pain in the abdomen; and his pulse became rapidly small and quick. The doctor suspected internal hemorrhage. He began at once the use of morphia hypodermically which promptly relieved the severe pain and caused him to rally. When I saw him his only pain was a frequent desire to void urine. The doctor had used the catheter and brought away a few drops of urine but no blood. He was well under the influence of morphia. There was very little swelling of the abdomen. Careful percussion failed to indicate any fluid or coagulated blood. The pulse and history of wound gave the only evidence of internal hemorrhage. The pale features I had often seen associated with injuries not characterized by considerable hemorrhage. There was not enough evidence of wounded vessels, in my judgment, to warrant the summary proceedings advised by Dr. Connor. Sixteen hours after receipt of wound the man died, and Dr. Sabine made autopsy, report of which I quote from his letter to me, dated June 10, 1882.

"Post mortem 24 hours after death; bullet 44 calibre, found in left pleural cavity; entrance of ball inside of left thigh behind the gracilis muscle, five inches below the pubic bone; track of ball skin deep until it penetrated pubic bone, one inch from left centre; cut three coils of small intestine; passed through the stomach; tore a track one inch long and an eighth of an inch deep through the apex of the heart; through the upper portion of left lung, and was checked by upper ribs of left side. Cavity of peritoneum, pericardium and left pleura filled with fresh blood and coagula; other organs normal."

I mention this case as one of several wounds of the peritoneal cavity which have come under my observation, in which it has not been an easy matter by the physical signs to make the necessary diagnosis preliminary to opening the peritoneal cavity for the purpose of ligating a bleeding vessel or closing wounded intestines. In the case just mentioned, there was no cough or bloody expectoration or dullness on percusssion, or altered rhythm of heart to indicate that there was hemorrhage into the pleura or pericardium. Had we acted in accordance with the instructions which I have quoted

from the encyclopedia, and opened the peritoneal cavity, we would still have lost our patient from the hemorrhage incident to the wound of lung and pericardium.

It is an easy matter to lay down rules to be followed where certain conditions exist, but it is not always easy to say when those conditions are present. When we recall the number of cases of gunshot and other penetrating wounds of the abdomen which result in spontaneous recovery, even when we have every reason to believe that considerable quantities of blood have escaped into the cavity of the peritoneum, we are apt to become cautious in regard to operative interference. A few facts bearing upon this point deserve mention:

1. The most experienced surgeons, J. Marion Sims for one, advise opening the cavity where hemorrhage exists.

2. These experienced men differ as to whether laparotomy should be performed simply to control hemorrhage or to provide drainage.

3. It has not been proved that coagula in the peritoneal cavity are certain sources of septicæmia and death.

A Case of Tetanus from the Irritation of Hypodermic Punctures.

REPORTED BY DR. G. W. A. ROSS.

Fraülein Löffel, æt. 40, seamstress: Patient came into the Katrina Hospital, Stuttgart, Germany, on September 26th, suffering from dyspepsia; discharged on the 30th of September, much better. On the evening of October 1st she was again admitted; suffering this time from traumatic tetanus. The general condition of the patient was very poor and anæmic, with anæmic murmur at heart. On seeking for the cause of the disease both forearms were found to be covered with scars of punctured wounds and many recent wounds inflicted by the hypodermic needle. The patient had been in the habit of giving herself eight injections of morphia per day for the last five years.

Treatment.—Warm applications to the throat and the hypodermic injection of morphia lacticum 0.04 as required; also soothing applications to the arms, This treatment was continued for three days, the patient growing worse all the time, when curara was given and the morphia stopped. Under this drug the patient seemed to be a little easier for 24 hours, but after that she got rapidly worse and obliged a return to the morphia again, which was continued up to her death, on the forenoon of the 6th.

The autopsy: Lungs and heart small and engorged with dark, fluid blood; liver and spleen small and congested; the right kidney dislocated downwards and resting on the psoas muscle. Brain, œdematous and deeply congested. Spinal cord, œdematous with slight softening of the posterior columns. Metritis was present. There was catarrh of the bladder; this organ was also partially paralyzed during the course of the disease.

Selections.

Is Consumption Contagious?—The infective nature of tubercle has been a subject of unremitting investigation since the experiments of Villemin were first promulgated. According to these observations, when tubercle was injected under the skin or thrown into the cavities of rabbits, general tuberculosis followed. But it was soon ascertained that rabbits are scrofulous subjects—so to speak—in whom suppurative inflammation of any kind induces tuberculosis. Notwithstanding these adverse observations, there was a growing conviction that something of a specific nature existed in genuine tubercle. Then Klebs, and afterwards Aufrecht, announced the discovery of the tubercle parasite. Their description of the organism did not agree, and they and others who have isolated a supposed infective principle of tubercle, differ from Koch in the description of the *bacillus tuberculosis*. If the last mentioned be true, specific contagium, our task is much simplified. The organism producing tuberculosis being defined, there is no longer any doubt how this disease may be propagated. Just as a certain culture soil is necessary for the growth of the bacillus, so a state of the human organism is necessary to the successful propagation of tuberculous matter.

Whether the existence of a bacillus tuberculosis be admitted or not, it is clear that, from the clinical standpoint, a contagious principle is rendered probable by numerous apparent cases of transmission. Amongst others Dr. Webb, of this city, has reported several examples of the supposed communication of of consumption. M. Leudet has studied this question in fifty-six households belonging to the better classes. Thus in fifteen examples the husband was tuberculous and the wife healthy at the time of marriage, and for some time afterwards, and in forty-one the female only was thus affected.

In the first series, five of the wives were attacked subsequently with tuberculosis, one had Pott's disease followed in six years by phthisis; one had a sister, another an aunt fall victims to consumption. In the second series of forty-one, three of the husbands became tuberculous. These results, says Leudet, correspond closely to the observation which has heretofore been made, that the effect of contagion is more often exerted from the husband to the wife, than from the wife to the husband. Many other facts of the same kind have been reported, but we need not occupy time and space with them, since they conduct us to the same conclusion. Thus it happens that experimental study unites with clinical experience in rendering the existence of a contagious *materies morbi* in a high degree probable.

The specific infective quality of tubercle being thus rendered probable, it remains to indicate in what way the human race may be rid of a communicable scourge so destructive in its character. This is the subject of a paper by Prof. Corradi, of Pavia, read before the International Congress of Hygiene, assembled at Geneva in September of this year. He proposes to prevent the cohabitation of the phthisical; to abstain from food derived from phthisical sources, including milk; to avoid the use of vaccinia from phthisical heifers and infants, and to institute special hospitals for the isolation and treatment of phthisical cases.

The most superficial consideration of these prophylactic measures to prevent the extension of tuberculosis, must convince any inhabitant of a free country that they are impracticable. In those countries possessed of a paternal government, in which

all the transactions of life are minutely regulated, it may be possible to prevent the contact of phthisical subjects; but surely, in this country, such absolute hygienic regulations, are entirely inapplicable. With us, there is no other dependence for the extinction of tuberculosis, than the law of evolution. Relying on the operation of natural laws, and recognizing the survival of the fittest as the great fact of development, we may await the progress of natural forces since human agency cannot be successfully applied to the amelioration of our condition—to the relief of the human race from this odious scourge.

Whilst we may not invoke a sufficient legislation to prevent the spread of phthisis, we may, by precept and example, induce the population of our time from entering into unscientific, unhygienic relations which may result in lasting injury to the human race. The only comfort which any humanitarian can extract from the present complicated situation is that by the laws of evoluton those families must become extinct whose ancestors were the subjects of constitutional diseases by inheritance.—*Phila. Med. News.*

Turf-Mould as an Antiseptic Dressing.—The London *Medical Record* in a report on Antiseptic Surgery in Germany has the following on the use of turf-mould: A laborer one day appeared in Neuber's clinic, who had sustained a complicated fracture of both bones of the forearm eight or ten days previously, whilst working on a moor; the soft parts being extensively lacerated, and the wrist-joint opened. The man at once got a comrade to surround the fracture, as well as the whole forearm, with a thick paste of turf-mould, on which was then laid a sort of rough splint of wood. With this primitive dressing, he came to the clinic ten days afterwards and, on being questioned, said he was very well otherwise. Numerous washings in a hand-bath at length freed the arm of all the turf, when it was found that the wound was healing beautifully, and had not a sign of suppuration, the surroundings being without any reaction. Some parts of the wound had united by first intention, others were granulating nicely. On the application of a Listerian dressing and fixation in a better position, the fracture and wound healed readily. The idea that in turf-mould another good antiseptic dressing might be found, then struck Neuber, and he accordingly proceeded to have analyses and investigations made, the results of which showed that the dust resulting from the manufacture of sods of turf by the circular saw, as carried on in Schleswig-Holstein, and which is very light in weight, as well as in color, possesses a powerful affinity for ammonia, and bad-smelling materials generally, and takes up nine times its own weight of water. In the infantry barracks at Brunswick such turf-mould is used as a deodorizer in the privies, and renders fæcal products absolutely innocuous. A series of experiments on its use in the dressing of wounds having been carefully carried out, the turf-mould is now used in the following manner, which has been very successful: Bags of gauze wrung out in 5 per cent. carbolic solution are prepared of two sizes, 12 and 24 square centimetres respectively. These are filled with turf-mould (or dust), the smaller bag with mould containing 2½ per cent. of iodoform, which is laid on the wound directly it has been disinfected with either carbolic solution (2½ per cent.), zinc chloride (8 per cent.), or, at most, 3 grammes of iodoform. Over this is laid the larger bag, the mould in which is saturated with 5 per cent. carbolic solution. The whole is kept in place by a gauze bandage. As these exercise a very energetic pressure upon the wound and its surroundings, it has been found unnecessary to use the elastic compressive bandages hitherto in vogue, unless in the case of wounds near the openings of the body. In Esmarch's clinic, it has never been found necessary to remove this dressing for secondary hemorrhage, even though the bloodless method is often adopted; and it is the rule to apply a permanent compressive dressing before undoing the tubing above the wound, the only other precautions necessary being that the limb should be elevated, and all ligatures applied before closing the opening. In all, there were treated in this manner, from September to the end of November, 1881, fifty-five wounds on fifty-three patients; the list comprising seven resections and osteotomies, seven scrapings out of carious bones and joints, five amputations, twelve extirpations of tumors, six removals of sequestra, five abscesses, thirteen various wounds, amongst which were seven nerve stretchings and two herniotomies. There was no fatal case, except one after nerve-stretching for tabes dorsalis said to be due to pyæmia after disease of the prostate and abscess of the bladder; but such a case should hardly have been operated upon. No diseases of wounds were observed. Thirty-one cases were without fever; aseptic fever occurred eleven times; slight inflammatory disturbance only six times, elevation of temperature four times. In fifty cases the first dressing remained on until the end of the time intended, mostly a fortnight or more; and in only five was it necessary to remove it before that time had elapsed. Turf prepared according to Neuber's directions may be obtained from the Torfbereitung's Fabrik in Ultersen, Schlesweig-Holstein; and the cost of a turf dressing amounts to 1.80 marks, whereas a carbolic acid Listerian dressing costs upwards of 15.08 marks, if we take an amputation of the thigh as a standard, for which, at least, six complete dressings are required at 2.44 marks; hence turf dressings are eight and one-third times as cheap as these.

Summed up, the advantages of turf dressing are these: 1. A given quantity of the mould takes up more fluid than jute, gauze, or cotton wool. If it be lightly moistened, its absorbent power is still increased; wounds remain perfectly dry under it. 2. It possesses a great power of absorbing products of decomposition of organic substances, and hence prevents the same from occurring, and acts even in the unprepared form. Further experiments are being made in this direction. 3. The moistened mould is a very soft but still elastic substance, so that it is easily placed in the required position in the bags before applying them to the inequalities of the body. 4. It is the cheapest of known antiseptic dressings, one pennyworth sufficing for a dressing, and will be more so when it is found that the preparation with some antiseptic can be left out. 5. It makes a very suitable pad for all purposes when enclosed in gauze.

Anti-Pyretics a Failure.—Physiological medicine received a strong support a few years ago from the discovery that alcohol, quinia, and some other agents, had the effect of lowering the temperature of the body when they were administered internally. This proved them to be anti-pyretics, and they were at once extensively applied to the treatment of fevers. Dr. Todd, of London, pushed the alcohol treatment and was followed largely in Europe and America. It was not difficult to induce patients in general to take it. In the course of time the practical results ceased to be favorable, and the

alcohol treatment was well nigh abandoned. Quinia followed on the heels of alcohol, its habitual and continued administration in fevers being initiated by the German School. But a few years of trial brought disappointment, and the quinine treatment of fevers began to wane. Our own experience and observation have been uniformly hostile to the prolonged use of quinia, especially in children. In many cases there may be an advantage in making an impression by 15 or 20 grains sulph. quiniæ in a day, for one or two days. Then other agents of known utility should be substiuted—for the term anti-pyretic has a wide range of application, and includes many articles known as refrigerants and arterial sedatives. The view we here present is extending rapidly among practitioners. We agree fully with Dr. Gaillard, in his *Medical Journal*, when he condemns the treatment of fevers by alcohol, quinine, and the salicylate salts, though we cannot see the propriety of regarding these agents as proper representatives of the entire class of anti-pyretics. The authorities referred to by him are worthy of note, and we therefore append them:

Hankel, of Leipsic, a pupil of Wunderlich, and one who has done his part in disseminating the anti-pyretic theories, now says he has been "at least forced to admit that although anti-pyretics may lower the temperature, they prolong the disease." In France, the same is asserted by Hirtz, Cobbersts and others. In England, Sir. William Jenner, consulting physician to the University College Hospital, says of the anti-pyretic treatment: "Neither my own limited experience nor the evidence adduced by others in its favor has carried conviction to my mind of its advantages." And of quinine and salicylate of soda, he has been disappointed in their effects as reducers of temperature, while he has seen both occasionally do irreparable damage by disturbing the stomach and interfering with digestion. Dr. Bristow, in the *British Journal of Medical Science*, says of quinine and salicylate of soda: "I must confess that my experience of their use has not impressed me favorably."

Prof. Klebs quotes Straube, Frærtzel and others, in regard to epidemics of typhoid fever of unusual gravity (but without much rise of temperature), and insists that so much attention to temperature is not justifiable.

Dr. Austin Flint, who has given the anti-pyretic treatment no small amount of attention, does not speak of it favorably, as far as his experience goes. "It neither increased nor diminished the fatality over the ordinary mode," is the most he could say; those that would die without anti-pyretic treatment, and it neither diminished or increased the fatality over the ordinary mode.—*Pacific Med. and Surg. Jour.*

Use of Iodoform in the Buccal Cavity.—The effects of iodoform in tubucular joint affections, as well as the certain and reactionless course which non-sutured wounds of the surface or of cavities run under the application of this drug, suggested the advisability of testing its value in wounds of the natural openings of the human body; and the more so on account of the difficulty which has hitherto been experienced in carrying out antiseptic treatment in those regions. Numerous operations in the buccal cavity, lately performed in Prof. Billroth's clinic, have afforded us a certain amount of experience in this direction. From April to October, 1881, eighteen lingual carcinomata were extirpated. In some of the cases a third or a half of the organ, but in the majority the whole tongue, was amputated. Simultaneously more or less of the floor of the mouth had to be removed, the excavation sometimes extending to the hyoid bone and digrastic tendon, and including the submaxillary and adjacent cancerous lymphatic glands. Besides, in several instances the inferior maxilla was partially resected, or portions of the soft palate and pharynx were excised. Ligatures were, as a rule, applied beforehand to the lingual and external maxillary arteries. In all these eighteen cases a cure was the result. There was no reaction in any of the wounds, and in most of the cases there was no rise of temperature observable after the operation. There was an absence of those complications which were formerly observed after extirpation of the tongue. There can scarcely be a doubt that these favorable results stand in direct relation with the employment of iodoform, for the *technique* of the operation has undergone no alteration. The points to be kept in mind in this method of wound-treatment, as reported by Wolfler, *Centralb. f. Chir.*, are the following: When, after extirpation of the tongue and floor of the mouth, the wound made in ligaturing the arteries before mentioned communicates with that in the buccal cavity, the latter is drained by means of a tube of the thickness of a finger. If no such intercommunication exists, it is not purposely set up. In all cases the edges of the ligature-incision are brought together with sutures. After the operation, and in size corresponding to the depth and width of the wound, a strip (four-ply) of iodoform gauze, six to eight inches long and one and a half to two inches wide, is introduced into the mouth, and pressed with moderate firmness against the sides of the cavity, which it quite fills up. This small quantity of gauze suffices to keep the wound completely and lastingly aseptic. The first dressing usually remains adherent to the surfaces of the wound for from five to eight days. It does not separate of itself during these first days, and even then need not be changed if the patient is taking fluid nourishment. It must be especially noticed, however, that ordinary gauze does not adhere so certainly as that prepared in the following manner: Sixty grammes of colophony are dissolved in 1,200 grammes of alcohol, and fifty grammes of glycerine are added to the mixture. In this six metres of purified gauze are soaked, then wrung out, and dusted with fifty grammes of pulverized iodoform. If we compare these recent results with our former experiences after extirpation of the tongue, we must feel convinced that in iodoform we have found an agent for treating wounds of the buccal cavity, the mode of application of which is as simple as its antiseptic qualities are trustworthy.—*Edinburgh Medical Journal.*

Paget's Disease of the Nipple.—It is of the utmost importance to come to a definite conclusion with regard to the nature of this disease, whether it is primarily of an eczematous nature ultimately terminating in cancer, or whether it is of a malignant nature from the outset, as the treatment, of course, must vary according to the view we adopt. Prof. McCall Anderson has seen a number of cases of this disease and believes that in persons predisposed to cancer, any local irritant may determine an outbreak of the disease at the part irritated; thus we have frequently seen an undoubted syphilitic disease of the tongue followed by cancer of that part, as the result of the long-continued irritation; and just in the same way it is possible for a simple eczema of the breast to prove the exciting cause of, and to be followed by, cancer of the mammary gland. But if

we exclude these exceptional cases, we can arrive at no other opinion than that "Paget's disease of the nipple," is from the first of a malignant nature, and bears a somewhat similar relation to cancer of the breast that the so-called tylosis (or psoriasis) linguæ does to epithelioma of the tongue. Such being the case, it is of the utmost importance to distinguish true eczema of the breast from "Paget's disease of the nipple," towards which the following may be of assistance:

1. "Paget's disease of the nipple" occurs especially in women who have passed the grand climacteric. Eczema of the nipple and areola occurs especially in women earlier in life, and particularly during lacteration, or in persons laboring under scabies.

2. Affected surface, in typical cases of Paget's disease, of brilliant red color, raw and granular-looking after the removal of crusts. Surface not so red and raw-looking in eczema, and not granular, but often punctated.

3. When grasped between the thumb and forefinger, superficial induration often felt, in Paget's disease, as if a penny were laid on a soft elastic surface and grasped through a piece of cloth (thin). Eczema is soft, and no induration.

4. Edge of eruption abrupt and sharply cut, and often elevated, in Paget's disease. Edge not so abrupt, and not elevated, in eczema.

5. Paget's disease is very obstinate, and only yields to extirpation or other treatment applicable to epithelioma generally. The other disease, although sometimes obstinate, yields to treatment applicable to eczema.—*Glasgow Medical Journal.*

Variability in the Strength of the Aconitias of Commerce.—In the issue of Squibb's *Ephemeris* for September, we find an exhaustive research by the accomplished editor, on the various kinds of aconitia to be found in commerce. He refers to four specimens: To an ordinary commercial specimen of unknown source ; to two prepared by Merck, of Darmstadt, and one by Duquesnal. The last mentioned was the only crystallized preparation. The relative strength of these four specimens of aconitia, as compared with one grain of good aconite root in powder, is as follows:

One grain of aconitia of unknown source, was equal to one grain of the powdered root; ½ grain of Merck's ordinary aconitia is equal to one grain of the powdered root ; 1–83 of Merck's ordinary aconitia from *A. ferox* was equal to one grain of the powdered root ; 1–111 grain of crystallized aconitia was equal to one grain of powdered root.

The test recommended by Squibb is the physiological one of taste, which he regards as superior in delicacy and vastly more readily applied, than any chemical reaction. If a preparation of good aconite root is placed on the tongue, in a short time a peculiar sense of tingling and numbness is felt at or about the point of contact. By having solutions of definite strength to bulk. it is perfectly easy to apply this test with certainty. The quantity of the preparation necessary to produce the reaction, and the time in which it is developed, are the points to be compared. As a result of his investigation, he concludes that a "well made fluid extract of aconite root, made by repercolation with alcohol alone, from good root, is the best and only preparation needed."

Bismuth in Dyspepsia of Children.—By E. W. Dunbar, M. D. (Zürich): Loss of appetite in children with pain after eating, nausea, and depression, if accompanied by a tongue either clean or slightly coated, but showing redness and enlargement of the papillæ fungiformes, is quickly relieved by bismuth, either the subnitrate or solution of the oxide in ammonia and citric acid, as discovered and prepared by Mr. Schacht. The dyspepsia, which is characterized by the described appearance of the tongue, is produced by indigestible food. If the tongue is coated the dyspepsia is recent, and it is chronic and of some duration if the tongue is clean; loss of appetite and consequent diminution in the amount of food taken having given opportunity for the tongue to clean. The digestion of children being easily disturbed, this form of dyspepsia, may very frequently be observed. It is often necessary to persist in the use of bismuth for several weeks before the papillæ fungiformes resume their normal appearance and a lasting cure is effected, although improvement shows itself quickly in the appetite and returning liveliness and cheerfulness. Action of bowels is as a rule markedly improved and more regular, especially if the liquor bismuthi is used; exceptionally the bowels are rendered more constipated and it is necessary to give a mild aperient occasionally. While testing the accuracy of the described indication for the use of bismuth I prescribed it, owing to the state of the tongue, in the case of a child who had an obdurate cough that had resisted all usual remedies for subduing irritation of the larynx. The cough ceased with the improvement which quickly succeeded the dyspeptic symptoms. The dullness and languor produced by this form of dyspepsia in children may easily be mistaken, especially if the tongue is clean, for weakness and a condition requiring tonic treatment. The marked distaste for food and the characteristic tongue point to the true nature of the ailment. The dose of liquid bismuth varies from two minims under one year to three, five, ten, fifteen, and twenty minims up to twelve years; the dose to be repeated twice or four times a day according to severity of symptoms. It appears to be most effectual when taken after meals. The subnitrate may be given in doses of one half grain up to two, three and five grains. Bismuth is quite ineffectual in the dyspepsia of children where the tongue is smooth, clean, and shows no enlargement or redness of the papillæ fungiformes.—*Practitioner.*

The Respiratory Centre.—In *Pflüger's Arch.*, xxv, Dr. J. C. Graham makes a preliminary communication in regard to a *new specific regulatory nervous system* for the respiratory centre.

In the abdominal cavity are spread sensitive fibres, which have an analogous form to the respective fibres of the vagi, and form, in connection with them, the regulatory nervous system of the pleuro-peritoneal cavity.

1. On central irritation of the splanchnics, laid bare and prepared in the abdominal cavity and severed, always an expiratory stand-still of respiration sets in, the diaphragm completely collapses, while the abdominal muscles as expirators contract violently. The same result can be noted, if both vagi and sympathetic are cut through in the neck.

2. On division of the medulla oblongata in its most anterior part, as well as after division of the spinal medulla, between the eleventh and twelfth dorsal vertibræ, irritation of the splanchnics causes also, without exception, cessation of respiration during expiration. If the spinal cord is divided between the fourth and fifth dorsal vertebræ, irritation of the splanchnics has totally lost its effect.

3. In dyspnœa and apnœa also, irritation of the central stump of the nervous splanchnics exerts this specific influence on respiration, in apnœa after irritation the apparently collapsed diaphragm assumes a still plainer expiratory position.

These experiments tend to explain, to a great extent, disturbances of respiration which are so frequently noted in dyspepsia, as well as in other morbid conditions of the alimentary canal. It never seemed to us clear why, for instance, in ascites of high degree, the patient should so frequently have a similar trouble in expiration—not being able to get the air out of the lungs—as is noted and well-known in cases of asthma due to emphysema of the lung. That, in dropsy of the abdomen, inspiration should be difficult, was easily explained, in consequence of the encroached space, but the observations of Graham show also how disturbances of expiration in such cases, may be brought about.—*Medical and Surgical Reporter.*

Specific for Sore Throat.—After a large number of observations, Dr. Robt. N. Hormazdji, of Cheltenham, has come to the conclusion, that is all acute cases of tonsilitis salicylate of sodium in a specific, while in chronic cases it seems to possess no effect whatever. He recommends about 15 grains of the remedy every hour, till the most urgent symptoms are relieved, when only half the dose is administered. At the same time he employs a gargle, consisting of about 10 grains of the salicylate of sodium, one ounce of glycerin and three ounces of water. He found the remedy especially specific in its effect in very acute and severe cases, as also in the angina of scarlatina, and of erysipelas.—*Medical and Surgical Reporter.*

Squibb seems inclined to regard aconitia as the only alkaloid of *Aconitum napellus*. *Napelline*, which has lately been brought forward, as our readers will probably remember, is therefore a decomposition product produced by the splitting up of aconitia, during the process of extraction. The alkaloid, known as *Pseudaconitine*, obtained from *Aconitum ferox*, is different from the aconitia of *A. napellus*. These facts afford additional reason for adopting the suggestion of Squibb, to obtain for medical uses a well-known tincture of fluid extract of good aconite root.—*Medical News.*

Nitrite of Amyl in Infantile Convulsions.—Dr. Bridger, in the *Lancet*, says that he has obtained good results from the use of nitrite of amyl in the following cases: 1. Convulsions resulting from an abscess in the tympanum; 2. From tubercular meningitis; 3 and 4. From dentition. One-third of a minim in mucilage was applied to the child's nostrils every three hours.

Formulary.

TREATMENT OF SYCOSIS.

According to M. Bouchut (*Jour. de Connoissances Med.*) sycosis may sometimes be cured without epilation by means of applications made morning and evening with an unguent, of which creasote is the active element. He recommends the following formula:

℞	Creasot	♏xx ad f ʒ ss
	Zinci oxid	ʒ iss
	Ung. simpl. benzoat	℥ j.

M.

After each application of the ointment the affected parts should be covered with oiled silk.—*Medical and Surgical Reporter.*

LOOMIS TONIC.

Prof. A. L. Loomis, M. D., is credited with a tonic combination, which is largely used in Bellevue and Charity Hospitals, New York, under the name "Loomis' Tonic," and which is prepared after the following formula:

℞	Quiniæ sulphathis	gr. xxx
	Acidi sulph. dil	q. s.
	Tinct. ferri chlor	fl. ℥ ss
	Spir. chloroformi	fl. ʒ vj
	Aquæ	fl. ℥ ij
	Glycerinæ	q. s. ad fl. ℥ iv.

Mix. Dose, a teaspoonful.

SOAP LINIMENT.

℞	Oleic acid	℥ ij
	Bicarbonate sodium	ʒ v
	Camphor	℥ ij
	Oil rosemary	℥ ss
	Water	℥ vi
	Alcohol	Oij.

Dissolve the camphor in the alcohol, add the oleic acid and the oil of rosemary, then the soda gradually, and when effervescence has ceased, the water, and filter. This will not deposit in cold weather.

BOSCHEE'S GERMAN SYRUP.

℞	Oil tar	4 parts.
	Fl. ext. ipecac	16 "
	Tinct. opium	16 "
	Fl. ext. wild cherry	24 "
	Magnesium carbonate	12 "
	Water	240 "
	Sugar	420 "

Triturate together the oil of tar and the magnesia; mix the extracts with the water, and gradually add the latter mixture to the first. Filter, and dissolve the sugar without heat.—*The Druggist.*

SUPPOSITORIES FOR PILES.

℞	Iron sub sulphate	30 gr.
	Morphia sulphate	4 "
	Iodoform	3 "
	Cacao butter	165 "

Make into 10 suppositories.—*The Druggist.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, NOVEMBER 25, 1882. No. 22

Editorial.

TO WHOM IT MAY CONCERN:

Some readers of this number of the NEWS will notice two parallel red lines on the first cover page. By this token they will know that they are in arrears for their subscription, and that they are respectfully requested and expected to pay up before the close of the year. The NEWS must start out on its new volume with a list clear of arrearages.

Diphtheria.

Notwithstanding the fact that the Detroit Board of Health has declared, after due deliberation, that diphtheria does not prevail in this city to any alarming degree, the number of cases reported at the health office average over ten a day, and there are at the present time upwards of a hundred diphtheria cards on houses in different parts of the city, the cases being confined to no particular section and the majority of them being remote from the Bloody Run, to the dried up bed of which stream the origin of the disease, as it now prevails, was at first attributed. It must, we think, be admitted that there are other influences than this at work. What those influences are do not as yet appear, although it has been gravely declared by some that the electrical storms which have lately prevailed are the etiological factor. Perhaps electricity does originate and favor the spread of diphtheria, but the declaration that it does will require to be backed up by definite proofs before it is generally credited.

Pending the discovery of the cause and nature of diphtheria the great bulk of the profession will work most zealously in the direction of ascertaining the best means of cure. In this field there is more promise of tangible results, and while the disease may not be prevented the means of its alleviation and cure are, we think, becoming yearly more and more effective. This result is, doubtless, largely due to the fact that definite and more correct conceptions of the pathology of the affection have obtained. Diphtheria has come to be held as, primarily, a local disease, and with this conception of it greater stress is being laid on the necessity of local treatment, the destruction of the diphtheria bacillus and the restriction of the local inflammation which it causes. A very marked improvement in local treatment is the discarding of the caustic applications with which patients were formerly tortured and which tended but to aggravate the local inflammation.

A variety of "sure cures" for diphtheria have from time to time appeared, but as yet the specific cannot be said to have been discovered. It may be interesting to note several of the more recent, and that which, from its oddity and the positive claims of its author regarding it, arrests our attention, is that announced by Dr. W. C. Reiter, of Pittsburgh, Pa., in Squibb's *Ephemeris*. Dr. Squibb vouches for Dr. R.'s qualifications and reliability, a statement which seems necessary in view of the success alleged to follow his peculiar treatment. Here is his theory and method in his own vigorous words: "Diphtheria is a functional disease of the liver. This organ has lost its power of destroying fibrin, of which Brown-Sequard says: 'The liver, in a healthy adult, metamorphoses eighty ounces in twenty-four hours.' Here you have the remote cause—inspissated blood—and the theories of infection, contagion, micrococci, etc. are moonshine, transcendental tomfoolery. The proximate cause is too much fibrine in the blood, and, where a case has not reached a fatal condition, from 24 to 40 hours' medication effects a cure." He administers calomel, in the case of a six-year-old child, in doses of ten grains every hour, and five grains of chlorate of potash in solution every three hours. He continues this treatment for twenty-four hours and says it invariably cures. He has given it in hundreds of cases and has never seen hypercatharsis or salivation or other bad effects follow. He lays stress on the necessity of these large doses, small doses at large intervals being ineffectual and harmful. He claims to have based his treatment on the teachings of Trousseau.

Dr. Morrell MacKenzie's views, as reproduced in our issue of the 25th ult., contain nothing startlingly new with the single possible exception of balsam of copaiba, which he recommends chiefly for the catarrhal form of the disease, which is usually found to prevail during the endemics of more defined diphtheria.

Dr. Charles Douglas, of this city, has had a very large experience with diphtheria this season, in the course of which he has tested the usual remedies. None of these having proven as fully satisfactory as he wished, he determined on certain experiments, as the result of which he now confines himself to the alkaline treatment, and particularly to the local application of alkalies. He finds that in diphtheria the secretions of the mouth give an acid instead of the normal alkaline reaction. The urine of the patient is also invariably acid. He unites these facts with the fact that thrush (which he regards as of a diphtheroid nature) is peculiar to the first few months of infancy, before the development of the salivary apparatus, during which period the secretions of the child's mouth are acid. He argues

from these facts that the diphtheria bacillus requires an acid medium for its growth, and that while the secretions of the mouth retain their normal alkalinity, the growth of the diphtheritic membrane is difficult, if not impossible. He dusts the membrane freely every two hours with the bicarbonate of sodium, and gives the salt freely internally. The success which attends this method has justified his theory, and in one case of which we are cognizant the very threatening symptoms which developed under the muriate tincture of iron, quinine and chlorate of potash treatment, internally, and lime-water spray, locally, were speedily improved under the use of the sodium bicarbonate in the manner above indicated. This treatment has the advantage of being pleasant to administer. The local application is made with the minimum of discomfort by means of an insufflator, which, duly charged with the powder, can without difficulty be carried even into the posterior nares and there discharged. This is a very material point in the treatment of these cases. Doubtless the failure which attends the treatment of diphtheria under any system of local application, is frequently due to its imcomplete application. If more exact experiments on the diphtheritic membrane, removed from its seat of growth, shall prove the destructive and solvent influence of alkalies, the hint suggested by Dr. Douglas will prove to have been of inestimable value. The exact value of any agent in its effect on this membrane can only be determined under conditions into which the indefinite element of "vital influence" does not enter. Will not some of our microscopists undertake some experiments looking to a definite determination of the points suggested? The material furnished by the present epidemic is abundant, and the opportunity should not be lost.

It may be interesting, and perhaps suggestive, in the above connection to state that the bicarbonate of sodium has within a few months been highly recommended as a remedy in tonsillitis. Among recent articles on the subject is one in a recent number of the Philadelphia *Medical Times*, by E. Stuver, B. Sc., M. D., from which we quote the report of a typical case:

Mrs. D., æt. about 27 years, a strong healthy woman, has for years been subject to very severe attacks of acute tonsillitis, which cause intense suffering, and though always energetically treated by poultices, gargles, scarifications, etc., have invariably resulted in suppuration and discharge of pus. She has had four or five attacks of this kind previous to the one under consideration.

On September 7, 1882, had a chill, followed by fever, pain in the head, and general muscular soreness. On the following day the tonsils began to enlarge. A gargle was obtained from another physician, but had no effect whatever in checking the progress of the disease. On September 9, about 6 P. M., was called to see the patient, and found her suffering very severe pain in the tonsils, which on inspection were found to be much enlarged, the right more than the left, of a dark livid hue, and covered with a white, easily detachable exudation; voice greatly impaired, and attempts at speaking or deglutition very painful, and nothing except small quantities of liquid could be swallowed.

Temperature 101°; pulse 100. Gave a gargle of potassium chlorate and tincture of chloride of iron in aqueous solution, and ordered it to be used at short intervals. Called at 9 o'clock P. M., but found no improvement in the symptoms.

Resort was then had to sodium bicarbonate, which was thoroughly applied to the affected parts, in powder form, by means of an insufflator. The application caused some retching, and considerable material was ejected with manifest relief. The nurse was then instructed how to make the applications and directed to apply the remedy every hour during the night, which she faithfully did.

Sept. 10.—9 A. M. Temperature 99°; pulse 104. 8:30 P. M. Temperature 100°; pulse 90.

Rested very well during the night, and this morning throat is feeling much better, there being but little pain in, and considerable diminution of size of tonsils, also decided improvement of voice. Gave instead of the sodium bicarbonate an application of the following, viz.:

℞ Acidi tannici..... ʒ i.
Iodoformi.....gr. x.—M.

But this increased the pain and was not repeated. Continued the sodium bicarbonate applications at short intervals during the day, and in the evening found the patient much improved and highly elated at the prospect of escaping from her usual severe suffering.

Sept. 11th.—9 A. M. Temperature 99°; pulse 86. Rested well during the night, and is greatly improved in every respect; pain almost entirely gone; swelling greatly diminished, and deglutition but little interfered with. The recovery would have been speedy and uninterrupted had the patient not injudiciously exposed herself before fully recovered, and brought on a return of the symptoms, which, however, speedily yielded to the former treatment without suppuration or any other unpleasant complication.

The remedy should be applied in powder form, by means of insufflation, the solution not having the same beneficial effect as demonstrated in a subsequent case.

District Medical Societies.

It is very important that medical men commune often and intimately. So much has been said of the value received by all who are in frequent and working attendance at medical meetings, that it is a mere waste of time and words to define the details on which the value depends. We hear men who have grown grey in the practice of medicine say that it is not worth the while for them to attend medical meetings, so frequent are the quarrels and so contemptible are the bickerings indulged in by some of the members. Now, we are of the opinion that a medical man who is so far dead to the interests of the profession he daily practices, that he can not take part in or relish a quarrel with his brother practitioners, is of no use to a medical society or to the profession which tolerates him. It is shameful the want of pluck sometimes exhibited in struggles essential to professional progress. A member goes before his society with some pet theory or scheme; he finds that certain members oppose him; that they resort to intrigues of various kinds for the purpose

of defeating him. He wants to control a certain hospital or school, or the county or town business, perhaps, and expecting to receive the support and assistance of his medical society, he submits his plans, but is disappointed to find those members not indebted to him determined to thwart his purpose. He is defeated and becomes disgusted; sends in his resignation and henceforward is a chronic grumbler, finding fault with the profession for ingratitude to its members, and with the public for want of appreciation. This is not as it should be. Gentlemen should regard connection with some organized body of medical men essential to existence in the ranks of the profession; and resignations, except for conduct unbecoming to gentlemen, should be extremely rare.

The great evil of medical societies, as they are found generally over the United States, is that there is not quarreling enough. They are too peaceful—partake too much of the "you tickle me and I'll tickle you" principle. Pains are taken to conceal rather than expose the defects of members. A paper is read before the society. It is attentively listened to. It contains the most preposterous, absurd and erroneous notions. It garbles and mutilates the language spoken by the society. The most distinguished member will rise after it is finished, congratulate the gentleman for his able paper, and move that the society extend him a vote of thanks, and that his paper be published in the transactions of the society. Fortunately, many of the societies possess a secretary or committee, whose duty it is to edit all manuscripts intended for publication. The author of the paper, however, is not benefitted by such labor. His work is made to look as well as the best, and he flatters himself that it is his own effort. Members of medical societies should turn over a new leaf. They should have it understood that a medical society is the place to fight, and the man who resigns because he is whipt, is unqualified for membership. When a member has ridden a hobby about long enough, notions of delicacy and gentlemanly decorum should not deter his fellows from pulling him off. We have heard a distinguished practitioner say that in his younger years he practiced in a populous and thriving rural locality; that there was a prosperous district medical society, of which he was a listening and admiring member; that its superior officer was a man of great force and vigorous opinions, losing no opportunity to teach the society his great success in the treatment of flexions of the uterus by means of tents inserted into the cervical canal No one opposed the views of this gentleman; the cautious and knowing ones said nothing; the young doctor was led astray by the unrestricted force and eloquence of the gynæcologist, and learned that the treatment, whenever he found a flexed uterus, was to introduce a tent, allow it to remain until it had dilated and straightened the canal. He tells us now that there are in a country churchyard on a hill-side, in the midst of green fields and babbling brooks, graves that taught him the lesson of discrimination. He saw patients get worse after the tent was introduced, saw metritis and cellulitis develop and suppuration exhaust them. He learned by trial what the experience and good judgment of the district medical society could have told him, had not false notions of decorum prevailed; that flexion of the uterus was not always a cause of ill health, and that the indiscriminate use of tents was dangerous and deadly.

A Word to Advertisers.

We have received an unusual number of requests during the present fall season to notice editorially the preparations advertised in the space allotted to that purpose. These requests, too, have been from shrewd and careful advertisers, and have, because of this fact, been all the more surprising. The publisher of a medical journal is not so much surprised when requests of this nature come from new advertisers or those for the first time seeking to attract custom through this means. Old advertisers know full well that the journal whose editorial columns can be secured for advertising purposes, are not the journals which yield them the best returns. It may be argued that the notice requested is not properly an advertisement, but is desired as a mere recognition of honest worth. In reply we would say, that no medical journal should admit to its advertising department a notice of any article which is not worthy of professional endorsement, and the simple fact that an advertisement is thus admitted should be a guarantee to the readers of the journal that it is worthy. It certainly is in the case of the NEWS. An editorial notice, in a first-class medical journal, of an article advertised in its proper department, is, therefore, entirely superfluous in so far as an assurance of the honesty of the preparation and the integrity of the manufacturer is concerned.

Should an editor, moreover, feel prompted to notice a preparation by way of advertising it, it is easy to see to what an abuse his doing so would inevitably lead. The favor he might grant one, could not, in justice, be denied another, and should he (as he per force must) be more complimentary to one than to other, the door to jealousy and ill-feeling would at once be opened.

When an editor gives a complimentary notice to a manufacturing firm which patronizes the advertising department of his journal, he lowers himself in the estimation of his readers, and to that extent impairs the value of his journal as an advertising medium. The feeling is inevitable in the mind of the reader that the notice is the result of a consideration, either direct or indirect, and the editor's reputation for uprightness and independence is thus damaged. The value of the advertising department of a journal is intimately connected with the character of its editorial department, and if editorial notices of the kind indicated impair that character (as we are confident they do), it is manifestly poor policy for the advertiser to desire such notices. This word to the wise will be sufficient.

Cholelithiasis—Gall Stones.

The frequency of biliary colic has long attracted the attention of the profession. Dr. Ransohoff operated for the removal of gall stones from the obstructed bile duct, after Dr. Whitaker had demonstrated their existence by means of an aspirator needle thrust through the abdominal wall. Dr. Hal C. Wyman, of Detroit, reports a case as follows, which illustrates an interesting feature of this disease: A woman between 40 and 50 years of age had for several years been subject to severe attacks of colic. Her family physician had relieved her by hypodermic injection of morphia in doses of one-sixth to one-fourth of a grain.

Saturday evening she was seized, after a day spent in active out-door work, with severe pain in the epigastrium. Her physician was summoned, gave usual hypodermic injection and left her greatly relieved. On Sunday he was called again; the pain had returned; found great tenderness over epigastrium, suspected circumscribed peritonitis, gave one quarter grain of morphia hypodermically and applied a 4x4 inches cantharidal blister over the seat of tenderness. Sunday night, the patient not getting relief, a homœopathic practitioner was called, but his prescriptions availed nothing, and the family physician saw her again Monday morning. He gave immediately one-sixth grain of morphia hypodermically. After waiting an hour, the pain continuing, he injected one-fourth grain of morphia. One hour later she died in the midst of great pain. Dr. Wyman made a post mortem examination, ten hours after death. The peritoneal cavity only was examined. The ductus communus choledochus, near its junction with the duodenum, was found obstructed by a calculus of irregular shape measuring on its longest facets one-half inch in diameter. Another calculus of similar size was found free in the gall bladder. Pus flowed freely from the divided common duct, and was found on the mucous walls of the gall bladder and in the bile ducts. The liver was enlarged by acute congestion. In this instance death followed in forty hours after the first attack of pain, and considerable quantity of pus was found along the biliary tract.

Miscellany.

Homœopathy.—*The Pathologist* discourses thus of homœopathy, in its November issue:

"Homœopathy" is not homœopathy. Homœopathy was the gelatinous dream of an enthusiast. It developed into a myxoma, underwent colloid degeneration, and is now as obsolete as Manichæism. "Homœopathy" affords no evidence of present, past, or possible vitality. It is merely a turbid mixture of "allopathy" with mystic mush in varying proportions. It is not honest. It is not useful. *De gustibus non disputandum*, it may be ornamental.

It is not honest. It seeks and gains popular credence by a false pretence. It professes to lead people out of the darkness of allopathy into the saving light of a pure principle. That is a false pretence. Homœopathy was merely a delusion, but "homœopathy" is a pretence. It will not submit its pure principle to criticism. It has none. Its pellets, its potencies, its *similia similibus*, are merely the three-card lay-out of the mountebank. It exploits them *coran populo;* but, in the actual encounter with disease, it discards them all.

The stock in trade of "homœopathy" is its perennial outcry against crude drugs. It cries "mad dog" with special vehemence apropos of quinine, opium, mercury, and cathartics. And yet it makes use of them all, constantly, and with startling crudeness. It pretends to aspire to an ideal symptomatology which shall supersede all pathology. It affects compassion for allopaths, groping in their hopeless and useless pathology; and, in the same breath, it babbles a weak pathology of its own. Challenge its pathology, and it takes refuge in a labyrinth of symptomatology; question its symptomatology, and it finds a convenient explanation in its Medusan pathology. It mimics the methods and rejects the laws of scientific research. To suit its purposes, any *post hoc* is a *propter hoc*. It is not honest; and it cannot be of any use.

The practitioners of "homœopathy" are men, of much the same sort as other men. As a body, they are doubtless fairly honest and fairly intelligent. Cotton Mather was honest and intelligent, and yet he was a murderer of innocent folks accused of witchcraft. Some of these men are committed to a line of practice which they would not choose if they could begin professional life anew. Very estimable clergymen have lived and died in similar false relations to their work; and most men lack the moral force to extricate themselves from such a predicament. Other "homœopaths" are smug villains—possibly some orthodox practitioners are the same. And some 'homœopaths" are simple enough to believe that "homœopathy" is homœopathy, and that homœopathy is the new gospel of cure.

It is idle to argue the question of "homœopathy" in the presence of the laity. The laity are inclined to accept the novel, the specious and the pleasing; and, in the event of a sharp conflict, they are sure to sympathize with the under dog.

It is immoral to countenance "homœopathy" in the presence of the laity, or elsewhere.

The regular profession, therefore, has no business with "homœopathy" so far as the laity are concerned. Should "homœopathy" ever offer itself for scientific scrutiny, it will then be a proper subject for scientific investigation. Dr. Squibb patiently analyzed cundurango.

The Egg a Type of the World.—The strength and versatility of the mind of that child of genius, the poet-physician, Dr. Oliver Wendell Holmes, are becoming more and more apparent with his declining years. The following extract from a letter from him, read at the recent Herbert Spencer

banquet in New York, is a beautiful simplification of the doctrine of evolution:

"Mr. Spencer has come nearer to the realization of Bacon's claim of all knowledge as his province than any philosopher of his time. It is a life's work to exhaust a single specialty as it must be studied to-day. 'Go to the ant,' with Sir John Lubbock, 'consider his ways,' and learn what it is to study a square inch or two of nature's surface. The man who takes the survey of the entire order of things as his specialty, must needs have a long stride and a clear outlook. He must have a well measured and largely extended base line of ascertained fact to begin with, and command the views which extend themselves from all the heights of the various sciences. The facts of development furnished Mr. Spencer with his base line. From the summit of one branch of knowledge after another he has brought his phenomena into relation with this base line and with each other, until we look with amazement upon the reach and compass of its vast triangulation of the universe.

"Nature taught him her great law in the life of an egg which completes its history—a mass of organizable matter which has escaped being turned into an omelet; a spot; a line; a groove; a group of walled spaces with their soft contents; self distribution into regions; self-differentiation into tissues and organs; self-movement as a whole; self-consciousness as an individual; emergence at length from where it has been shaped a creature of God, full armed to fight for its life against the elements. Just in the same way, and no other, are built up the Newtons, the Youngs, the Darwins, the Spencers, who interpret the hieroglyphics of nature and of history for common mortals. All this development, and the standing illustration of it was laid before the world by the bride of Chanticleer, when she proclaimed to the virgin creation that she was a mother.

"An apple gave the hint of gravitation. An egg taught the lesson of evolution. The old Roman banquets proceeded *ab ovo usque ad malum;* the courses of sciences have gone just the other way—*a malo usque ad ovum*—from the apple of Isaac Newton to the egg of Herbert Spencer. May he live to place the capstone on that pyramid of achievements which is already one of the wonders of the modern intellectual world."

The Coming University.—Mr. James Parton, the historian, from a recent lecture:

I have in my mind's eye a glorious university, completely organized and equipped, to afford an education such as the future man will be given. It looks not at all like Oxford or Cambridge, nor even like Harvard. It looks more like a factory village situated in the midst of a finely cultivated farm of 1,000 acres, with beautiful gardens and parks, the whole the center of a thriving industry such as our factory villages might be, must be, shall and are just going to be, for man will not long be the submissive vassal that he is now. This university of mine shall have a chime of bells, which at 6 A. M. summons 2,000 men to rise and cast off cloth and put on workingmen's clothes and prepare for labor. At 7 they are in their different shops, workers in wood, in metals, in leather, in stone, in hemp, in cotton, in flax, in wool. For three hours they labor, being held to a strict account for the use or abuse of tools, material, and time. In summer a portion of each day is spent by all upon the land, so that they may have insight, some practical knowledge, of farming, of horses, of cattle, of the dairy, the garden, the orchard. At 10 all this is over, except in harvest and other periods of pressure. The chimes now send these workmen to their rooms, where they remove the dress and garments of manual labor, and come out to class and remain all day university students.

Separated from the soil, man never yet has succeeded in thriving. At best, without it, he is a potted plant, and some of the pots are miserably small. I have visited many factories in New England, and I find that wherever the operatives have a reasonable chance at the soil, where every family can have a good-sized garden, with access to pasture a cow, the people are healthy, contented, and saving. Wherever this is the case, the factory population is able to live without actual starvation or extreme destitution in the event of the mills being closed for even a very long period. Whenever they are separated from the soil, as in some of our large cities, there is squalor, demoralization, and despair.

Medical Delusions.—That the still hog always gets the swill.

That owlishness always passes for wisdom.

That it is necessary to declare one's self an atheist in order to establish a reputation as a scientist.

That the best medical talent is to be found in the medical colleges.

That medical teachers are not often medical parrots.

That there is no successful gynæcologist who has not invented a speculum.

That those who write books are always authorities on the subjects on which they write.

That it is possible to practice medicine without a considerable percentage of routinism.

That the *suaviter in modo* is not excellent capital for the practitioner.

That the proposed journal of the American Medical Association will ever prove a success.

That the New York State Medical Society will stand up firmly to its new code of ethics.

That a good medical journal cannot be published west of the Alleghanies.

That the eastern medical schools are not run as nearly as possible on the line which divides the business from the professional.

That the bills presented for the care of the late President Garfield are not in some instances exorbitant.

That Buchanan, the diploma vendor, has left himself without witnesses and imitators.

That the star of medical empire has not taken its way westward.

That the MICHIGAN MEDICAL NEWS is not the best medical journal for the money in the world, or that it has a reader who will deny the fact.

DISINFECTION OF HOSPITALS.—M. Miguel has recently undertaken a series of experiments with reference to the destruction of the numerous micro-organisms held in suspension in hospital wards. It having been ascertained that many bacterial germs resist, for a period of two hours, dry air warmed up to 145° or 150° Centigrade (293° to 302° Fahr.), his investigations were made on chemical agents specially. After having satisfied himself that atmospheres loaded to saturation with the vapors of chloroform, carbolic acid, ammonia, sulphurous acid, sulphide of carbon, hydrocyanic acid, and nitrous ether, are powerless to destroy all the germs contained in floating dust, even after twenty days' action, he directed his attention to a class of corrosive substances, which destroyed these so-called germs at a long-maintained temperature of 200° Cent. (392° Fahr.). Thus an atmosphere saturated with iodine-vapor at the ordinary temperature destroyed every schizophytic germ at the end of ten days. Bromine, diffused in the air, produced the same results at the end of two days; hydrochloric acid gas, of an equal volume, acted at the end of the same time with similar efficacy; the vapors of nitrous acid and moist chlorine gas had the same effect; but the damage produced by these extremely corrosive agents on wood, linen, and metals rendered the destruction of bacteria by these processes a very costly proceeding. It must be remembered that bacteria, and not mould, is in question; for the spores of the commonest forms of mould resist the powers of those agents that can destroy bacteria.

EGYPTIAN TREATMENT OF SYPHILIS.—In the course of an article on "Medical Notes of Travel in Egypt," by Dr. Josiah Williams, in the *British Medical Journal*, occurs the following: "The native treatment of syphilis in young girls is very primitive and very barbarous. Close to the town (Souakin), in the Red Sea, is a little island, called originally Sana Gin, and from which the town takes its name. The girl is taken across to this island by six women; she is then laid naked on her back; on each arm and each leg sits a woman, another on her chest. The operator another woman, who is provided with a sharp sea-shell, scrapes away in the vagina until she is satisfied that all diseased parts are removed, and then, utterly regardless of the shrieks of the girl, gets a handful of sand from the sea; and rubs that in. The disease is then supposed to be cured by this rather rough operation."

CAN A MALE SECRETE MILK?—Dr. M. F. Palmer, Hartford, Mich.: Dr. Woodman's "Phenomenon," as it is termed, reminds me of a singular case which I saw some years since at Watervliet, in this state, viz., that of a large boar suckling a couple of pigs. The boar was of the variety known as the Yorkshire, belonging to the firm of Swain, Olney & Co., of Watervliet, Berrien Co., Mich., and imported from the State of New York by Mr. Olney himself. The mother of the pigs not being a good milker, two of the pigs took to sucking the boar, which seemed to care for them in the same way as their mother. The two nipples manipulated by the pigs were very much enlarged and elongated, having at their base what appeared to be an udder of the same shape and nearly the same size of those on the mother. The other teats on the boar remained in a normal condition. These pigs could easily be distinguished from the rest of the litter by their larger size and the silky appearance and sleekness of their coats.

Question: Did they get milk from the boar, or, was it something else?

I make the above statement without any fear of being the "champion liar," as all of the survivors of the firm, as well as many others, besides myself, have witnessed the "phenomenon."

DRESS REFORM.—The *Lancet* states that the sum of $750 is offered to the Rational Dress Society to defray the expenses of an exhibition of rational dress, to be held in London during the coming winter, A prize of $150 will be given for the dress which best accords with the following requirements: 1. Freedom of movement. 2. Absence of pressure over any part of the body. 3. No more weight than is necessary for warmth, and both weight and warmth evenly distributed. 4. Beauty and grace combined with comfort and convenience. 5. Not departing too conspicuously from women's ordinary dress.

The *North American Review* for December contains a symposium on "The Health of American Women," regarded from three distinct points of view: Dr. Dio Lewis considers the question as it is affected by the prevailing style of feminine attire, especially by the practice of tight lacing; Mrs. Elizabeth Cady Stanton points out the many injurious influences of social environment; and Dr. James Read Chadwick sets forth the effects of education, climate and food, and finally discusses the question whether the modification produced in the European human type by transfer to America lessens the fertility of women. Gov. Buren R. Sherman, of Iowa, writes of the "Constitutional Prohibition." General Grant, in an article entitled "An Undeserved Stigma," states the facts of Gen. Fitz John Porter's case. Richard A. Proctor writes of "The Influence of Food on Civilization," discussing with much learning and force some of the most interesting sociological problems of the present day and of the near future. Prof. Fisher, of Yale College, in defining the causes of "The Decline of Clerical Authority,"

holds that this decline, which affects the status of church and minister only as a part or function of the secular State, is by no means to be regretted, and that the spiritual influence of the church and its ministry is to-day greater than of old. Finally, there is a symposium upon the conditions of "Success on the Stage," the contributors being six of our most prominent actors—John McCullough, Joseph Jefferson, Madame Modjeska, Lawrence Barrett, Maggie Mitchell and William Warren.

"The combat thickens; On ye brave." The Hayes-Maclean malpractice suit is again noticed for trial on the 12th prox. Dr. Gilmartin, a witness for the plaintiff in the last trial, has brought an action for damages, which he lays at $50,000, against Professors Maclean and Frothingham, proprietors of the *Ann Arbor Register*, basing his action on the comments of that journal on his testimony and on himself personally. Prof. Maclean has an action pending against the *Evening News* of this city for slander (damages laid at $50,000). A student has complained to President Angel of the University that Prof. Frothingham goes out of his way in his lectures to make unorthodox declarations and to reflect on orthodox religious bodies. The medical organ of the University saw fit to call a reputable physician and a highly educated and polished gentleman, who gave testimony for the plaintiff in the recent trial of the Hayes-Maclean case, "nothing but a political shyster," and the chances are that it will be called upon to substantiate the charge before a court of law. The air is growing sulphurous and things are getting quite interesting. What will the harvest be?

Extract from a newspaper advertisement of a firm of "physicians" in this city: "More capital invested, more kills employed, more cases treated, and more cures effected than by any other one establishment in the city." The only truth in this statement lies in what would ordinarily be charged as an error to the intelligent compositor. The firm referred to is reported to have spent over a thousand dollars, and were prepared to spend five times this amount, to defeat the medical bill introduced at the last meeting of the State Legislature.

What next? Prof. E. C. Franklin, M. D., of the University of Michigan, is advertised in the public prints to appear regularly each week at the office of a firm of notorious advertising Cure-Alls in this city. The University will have the sympathies of the profession in its embarrassments. Will the regents quit themselves like men under the trying circumstances, or will they continue the time-serving policy which has characterized their course of late? Recent events have placed the future of the University at stake as it never was before.

Dr. Frank Hamilton, in a note to the Board Audit accompanying his bill for $25,000, for service rendered the late President Garfield, says: "The sole item which I have to present to your Board, as the basis of my claim, is my long attendance as consulting surgeon, with its accompanying responsibilities, which God forbid I shall ever again be called upon to bear." The anxiety of the physician is, it is to be feared, too seldom appreciated.

The bacillus theory is receiving the homage of ridicule in many quarters from which better things were expected. The man who ridicules a claim to the discovery of a scientific truth without having first thoroughly and conscientiously put it to the test, votes himself an interloper and an intruder into the scientific fold. Science, however, can suffer no injury at the hands of such. If the bacillus theory be correct, it will live on its merits.

Dr. A. J. B. Jenner, of this city: In reply to the query of Dr. J. B. Sullivan, of Stanton, Mich., on page 327 of yours of November 10, I would suggest that, in the first place, the pupil was paralyzed by the opium used, which was overcome by atropia, its antidote, thereby allowing the second application of physostigma to produce its usual effects, which are the reverse of those of belladonna.

The blank returns of births issued by the Illinois board of vital statistics requires the name of the father to accompany each reported birth. A Cyprian of Chicago recently met with an "accident" and being unable to render the attending accoucheur any information which might properly qualify him to fill in the blank, he reported *E. Pluribus Unum*, as the paternal progenitor.

The health of Dr. J. J. Woodward, ex-President of the American Medical Association continues precarious; it is, indeed, gravely suspected that he will not recover. The immediate or exciting cause of his illness is attributed to the anxiety and care incident to his connection with the case of the late President Garfield.

The proportion of physicians to the population is but about half as large in Ontario as in this country. The number of resident practitioners is about 1700 with a population of about 2,000,000,—about one doctor to 1200 inhabitants, or just half as many to the population as in the United States.

"*Per orem*," is a term which in all its incorrectness has been perpetuated through many years and may be found in numerous text books and innumerable prescriptions. Many passable Latin scholars persistently forget that "*os*" is a neuter noun and that its accusative is "*os*," and not "*orem*." Medicines are given *per os*.

Sir Thomas Watson, whom most physicians of this generation, doubtless, think has long been dead, is still alive, though ninety-one years old. He has had a stroke of paralysis, on receiving which, his mental faculties remaining clear, he calmly remarked to an attendant: "This is the beginning of the end."

The Weekly Health Bulletin of the Provincial Board of Health of Ontario is a unique affair. The map of the province is divided into ten districts, each of which is represented by a different color, and the diseases in each mentioned in the order of their prevalence.

Nussbaum: Let it be the aim of the physician to win back to the medical science those glittering triumphs that in many cases have been left to add lustre to the quack and the rubbing women.

Book Notices.

THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA. Sixth Decennial Revision. By Authority of the National Convention for Revising the Pharmacopœia, held at Washington, A. D 1880.
New York: Wm. Wood & Co. Detroit: John Willyoung.

This long expected and anxiously awaited work has at last been given to the profession. Murmurs had lately been heard against the tardiness of the committee of revision and publication in completing their task. The fault finders have doubtless been unfamiliar with the fact that this work of the committee, besides being one of great magnitude, has been a labor of love. The present volume is presented more promptly than its predecessor, the Pharmacopœia of 1870 not having appeared until 1873.

The work opens with a historical introduction, giving a record of the five preceding decennial revisions. The meeting called for the initiatory steps necessary to the present revision was called to meet on May 5th, 1880, at 12 M. The call was issued by Dr. James M. Morgan, the only survivor officer of the convention of 1870. Sixteen states and the Medical Department of the U. S. Army and Navy were represented. The rules adopted for the governance of committee, Charles Rice, Ph. D., New York, Chairman, appointed by the convention, provided that the language of the Pharmacopœia be English, titles being, however, given in Latin also, and that the arrangement of subjects be alphabetical rather than classified. A concise yet full description is given of the crude drugs, but all therapeutical discussion is omitted. The chemical formulæ are according to both the old and the new nomenclature, the latter being in prominent type. All measures of capacity are abandoned, quantities being expressed by weight. Temperature is expressed in centigrade and Fahrenheit. Doses are omitted. The metric system is employed throughout, the equivalent in grains being also given. Latin names of alkaloids have been made to terminate in *-ina*, and English *-ine*. Thus it is now morphina and quinina instead of morphia and quinia, although morphine and quinine still remain. In the case of fluid extracts the relation of measure and weight between the preparation and the crude drug is maintained, but the gramme and the cubic centimeter are substituted for the Troy ounce and the fluid ounce. This change will make the new fluid extracts about 5 per cent. weaker than those prepared under the pharmacopœia of 1870. A number of obsolete and unused drugs have been eliminated, but the practical physician must maintain that the committee's use of the pruning knife has been too sparing by far, while it might with advantage have added more new drugs. The additions to the revision comprise 30 crude drugs (vegetable), 60 inorganic drugs or chemicals, 150 pharmaceutical preparations, and 16 miscellaneous substances. The whole number of titles is 997 as against 970 in the last pharmacopœia. A new division under title of Abstracta has been added. This comprises the dry, powdered extracts which have within a few years been manufactured. General directions are given for the preparation of Triturations and Tinctures from Fresh Plants for the use, we suppose, of the homœopathically inclined. The question of elixirs was a very vexed one for the committee, and after much discussion this class of preparations have not been recognized, although a formula for the Elixir of Orange is given, the same being designed as a pleasant vehicle for nauseous drugs.

While the work is designed for the pharmacist (to whom it is, of course, indispensable) rather than for the therapeutist it is nevertheless very essential to the physician of the progressive type.

Price, in muslin $4.00; in leather, $5.00; in leather and interleaved, $6.00.

ON ASTHMA: Its Pathology and Treatment. By Henry Hyde Salter, M. D., F. R C S., Fellow of the Royal College of Physicians; Physician to Charing Cross Hospital, and Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital Medical School. First American from the last E glish edition.
New York: Wm. Wood & Co.

RHEUMATISM, GOUT AND SOME ALLIED DISORDERS. By Morris Longstreth, M. D., one of the Attending Physicians to the Pennsylvania Hospital Lecturer on Pathological Anatomy at the Jefferson Medical College, Philadelphia, Pa.
New York: Wm. Wood & Co. Detroit: John Willyoung.

These volumes are the September and October numbers, respectively, of Wood's Library of Standard Medical Authors for 1882. The first will scarcely require any introduction notwithstanding the fact that it now appears for the first time from the American press. The name of Dr. Salter has become almost as intimately associated with asthma as has that of Bright with granular degeneration of the kidneys. Although he is not the first to have described the affection no one has given it so thorough an investigation or done so much towards its rational therapeutics. In the work before us there is given a tabulation of two hundred and twenty-three cases, giving the name of each patient, age, sex, appearance, cause (original and provocative), frequency of attacks, time of attack, premonitory symptoms, whether pure or complicated with other diseases and family history, and effects of remedies. A better or more honest method than this of studying a disease and the efficacy of drugs in its treatment cannot be

conceived of, and the cases are in themselves an interesting study. The effects of diet and change of climate as curative agents are minutely discussed and the importance fully considered.

The author has no specific remedy but lets each case stand by itself and treats it with reference to its condition and modifying circumstances. He places great stress on the importance of hygienic relation. Among the remedies spoken of we find no mention of grindelia robusta. This is somewhat remarkable in view of the favorable mention of this remedy by prominent members of the British profession during the past two years. The physician who desires the fullest treatise extant on asthma will buy Salter.

The second volume on "Rheumatism, Gout and some Allied Disorders," opens by plunging at once *in medias res*, not giving us any prefatory remarks, after the usual manner, in explanation of the necessity of adding another book to the many which had already appeared on its subject. An examination of it, however, reveals its *raison d'être* in the fullness and attention to details which characterizes its consideration of the affections discussed. The author's references to authorities shows an intimate acquaintance with the literature of the subject. On the whole the book may be pronounced an admirable condensation of the existing knowledge on rheumatism, which is supplemented by facts drawn from the experience of the author.

VISITING LISTS.

This is the season during which the attention of the profession is regularly called to the merits of the different visiting lists issued by the different publishing houses, for the coming year. Already the following have been announced:

The Medical Record Visiting List and Physician's Diary for 1883, probably the most artistically finished of any visiting list published and withal a very convenient one. It contains a dose list of the rarer drugs and a number of reminders to the physician in cases of emergency.

Walsh's Call Book and Tablet. This list is now in its seventh edition and is really a remarkably neat and convenient book for the end to which it is designed. It possesses the advantage of not being confined to any special year, but is adapted to all years. It contains also a very full dose list and much instruction in points of practical use, including the examination of urine, directions for making post mortem examinations, how to convert the old weights and measures into the metric, a list of incompatibles, etc.

Lindsay & Blakiston's Physicians' Visiting List. This is probably the oldest list on the American market, it having been continuously published for thirty years and is an old favorite with many. The new features in the list are a new Table of Poisons and their Antidotes, the Metric or French Decimal System of Weights and Measures, Posological Tables showing the relation of our present system to the metric and giving doses in both. The sizes range for list adapted to 25 patients a week to list for 100 patients a week. The large size is also issued in two volumes for convenience.

The Physician's Memorandum Book, arranged by Joel A. Miner. Fifth improved edition, with clinical columns and ledger sheets. Ann Arbor, Mich.: Joel A. Miner, publisher. This is a very neat and convenient list and evinces a keen appreciation of the wants of the busy practitioner whose time and taste for book-keeping are limited. Those who have used a previous edition would, we imagine, be loath to substitute this list for any other. It contains the usual list of doses and medicines calculated for the absent-minded. It recognizes the metric system to the extent of giving a table of its equivalents in the old style.

SYPHILIS. By V. Cornil, Professor in the Faculty of Medicine of Paris, and Physician to the Lourcine Hospital. Translated, with Notes and Additions, by J. Henry C. Simes, M. D., Demonstrator of Pathological Histology in the University of Pennsylvania, etc., and J. William White, M. D., Lecturer on Venereal Diseases and Demonstrator of Surgery in the University of Pennsylvania. With eighty-four illustrations.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: John Willyoung.

There would seem to be little need, amid the multitude of works on syphilis, for another on this subject. There is, however, none which is more directly devoted to the consideration of syphilis from an anatomical standpoint, and the work before us thus supplies a want. The necessity of a correct diagnosis to rational treatment in the case of venereal lesions, whether the initial sore or the manifestations of the constitutional disease, is of paramount importance, and a knowledge of the anatomical changes induced by the disease is essential to such diagnosis. The lectures, of which the book is a reproduction, were delivered in the Lourcine Hospital during the spring and summer months of 1878, thus bringing the subject down abreast of the latest developments regarding it. The hospital is devoted to the treatment of syphilitic females, and the material which it affords is immense.

As an illustration of the method pursued in the work, take the syphilitic papule or pustule. Its complete anatomy is first studied; then are described in detail all the changes in the epiderm, rete mucosum, papillæ, derm and vessels. From such description the eruption is no longer regarded as simply a principle limited in a certain way by a colored surface. Add to this description of the minute details a knowledge of the evolutions of the histological phenomena from the beginning to recovery, and it becomes easy to follow the chain of symptoms. The author proceeds on the declaration that pathological anatomy, as revealed at autopsies, is the fundamental basis of nosology and scientific medicine. While the attention indicated is given to pathology that devoted to treatment is by no means less full. For the first two stages of syphilis, mercury is given as the remedy, and for the tertiary stage, the iodide of potassium. While the anti-mer-

curialists at the present day are few, and are gradually becoming fewer, there are leading syphilographers, who, enlightened by the normal progress of syphilis, do not prescribe mercurials in every case. The inference is, that mercury is in no sense an antidote to the virus, but assists merely in the normal effort at its elimination. The treatment as laid down is very rational.

The translators have added much to the book from their own extensive experience. Their translation of the text is peculiarly readable. On the whole the book is one which the practitioner who has not drifted into routinism will want to possess.

A Medical Index, being a Complete Indexed Note Book for Students, and for Physicians, a General Index and Record Book for all Valuable Professional Reading and Experience. Arranged to mimize the labor and to maximize the usefulness. Price $3.50.
Ann Arbor, Mich.: Joel A. Miner.

We take pleasure in reproducing and endorsing the argument of the publisher for the use of this index:

"Every intelligent physician feels the need of a book, which, with scarcely any labor, will preserve the valuable portions of his reading, so that when subsequently they would be useful, he can find them without any search for them. This book supplies that want, and reduces the labor to one-half, and usually to one-fourth, of that of any other for the same purposes. It can be used for the fullest citations, or for the merest references. If desired, a hundred references can be put upon a page, and, without any writing, each one be made to show whether it relates to the cause of a disease, its mode of attack, its usual symptoms, its unusual symptoms, its complications, its pathology, its medicinal and other treatment, or any other selected feature of value. The book is free from any complexity. It completely secures the three necessary things in a book for its purpose; these are, extreme lightness of labor, perfect adaption to every variety of want, and the utmost facility of subsequent reference, even when the references are very numerous. It will more than double the value of your journals taken, and in the mere matter of dollars and cents it will return its value a hundred fold. If systematically used, it will do more than any other step in your educational methods, to give you a higher standing in your profession. The indispensable means to your success, is the acquisition and retention of medical knowledge. This book, with labor so small as to be insignificant, makes every useful item in your reading as accessible to you, afterwards, as the words in your dictionary."

The practitioner who has not made a practice of making notes in the manner suggested by this book has denied himself one of the greatest aids to usefulness and advancement. We can conscientiously and emphatically recommend the book to every reader. He will find after a few year's use of it that the investment has been the most profitable he could have made.

Original Articles.

Aneurisms.

A CLINICAL LECTURE BY PROF. WILLIAM PEPPER, M. D., PHILADELPHIA, PA.

Case 1.—This patient for the past three weeks has been suffering from cough, general weakness, dyspnœa and excited action of the heart. There has not at any time been any expectoration. His temperature has ranged as high as 101½° F., and he has complained of considerable pain in the left side of his chest. He cannot breathe easily if he lies down, and so he sits up through his illness. Percussion of the right chest reveals healthy resonance. There are no râles and the respiratory murmur is good. Percussion over the upper lobe of the left lung elicits perfectly solid dullness extending all the way down to the fourth rib. The resonance is good, however, in the left axilla. The apex beat of the heart was outside the line of the left nipple. The heart is very much enlarged and its sounds are feeble. No heart murmur at all could be heard upon auscultating the back of the chest. Auscultation over the apex of the left lung in front showed entire absence of respiratory sounds, as if the lungs were completely solidified, or the sounds were muffled by an intervening pleural effusion. Behind there was a blowing murmur heard above and some slight bronchial breathing below. The train of symptoms and of physical signs, together with the entire absence of any satisfactory history of the case rendered diagnosis exceedingly difficult. I was inclined to say at first, upon inspection, that there was a sacculated effusion, the result of a previous attack of pleurisy. The dullness, however, is too extensive, and the history which we can obtain is not at all that of pleurisy. The physical signs on the back, of the chest too, are not those of an effusion, unless, indeed, there has been some plastic exudation there. On the second day after the admission of the patient I thought that I noticed a slight impulse at a spot in the left chest. The idea passed through my head that there might be some tuberculous consolidation giving rise to the obstruction of a bronchus, thus causing an obstacle to the entrance of the air. On the evening of the second day I found that there had been slight hæmoptysis, and it occurred to me that there might be a tumor pressing upon the lung, and so preventing the entrance of air. I noticed a swollen vein crossing the chest and pectoral muscle and joining the mammary vein. This proved to me that there was serious congestion somewhere. On the morning of the third day the man's pulse was very slight, this vein was still more swollen, and there was more hæmoptysis. I then, for the first time, suspected that there was an aneurism of the descending thoracic aorta, which was pressing on the overlying lung, and whose physical signs were muffled by this indurated and intervening lung tissue; that this aneurism was about to ulcerate into

the left bronchus, and so gave rise to the slight spitting of blood, and that there had been a very rapid consolidation of the whole lower lobe of the lung going on on the left side, which had produced the coarse, crepitant râles. This diagnosis was reached on the third day. That evening the aneurism burst, and the man died. To-day I bring before you the results of the post mortem examination, which prove that my final diagnosis was the true one, and reveal to us the post mortem lesions of a most obscure and interesting case. At the apex of the right lung was found a collection of cheesy nodules, the results of syphilitic deposit, or of catarrhal inflammation. The left lung was enlarged and very solid. There were a number of lumpy, solid clots of blood scattered through the lobes; the rest of the lung tissue was entirely collapsed. The lower lobe was almost black, the result of a combined pneumonia and hæmorrhagic infarcation. There was also in this lung some pneumonic inflammation with filtration. Upon opening the mediastinum extensive pericardiac effusion was brought to light. As there had not been any friction sound heard, this was never suspected during life. All arteries adjacent to the arch of the aorta were found to be healthy. A large clot was discovered lying in an enlarged part of the arch. As the thoracic aorta was opened downwards extensive clots were passed, and its lower portion was found to be distended into a large aneurismal sac. Upon opening the trachea the right bronchus presented an entirely healthy appearance. The walls of the left bronchus, however, were almost entirely sloughed away. The aneurism itself was completely covered by lung tissue. This case presented a most extraordinary condition, and the diagnosis had to be reached by a careful process of exclusion. The aneurism had grown in such an obscure manner as to give rise to no external physical signs. As regarded the rational symptoms, all that could be discovered was that the man had not been entirely well for some time, and that toward the last he had experienced considerable difficulty in swallowing, and had suffered from distressing dyspnœa. The aneurism had been too deep seated to affect the pulse or pupils. In conclusion, let me sum up for you the results and their probable causes. The left lung was entirely collapsed, and the entrance of air into it was finally prevented. This condition had given rise to complete flatness upon percussion, and entire absence of respiratory sounds. The gasping respiration had filled the lower lobe with the blood, which had found its way into the left bronchus through the ulcerated wall, and this blood had clotted, forming the numerous hæmorrhagic infarctions found at the post mortem examination. The pressure of these clots had produced numerous local spots of gangrene. The aneurism itself was located one inch below the origin of the right subclavian artery, and was plainly a result of syphilitic arteritis. The cheesy nodules in the upper lobe of the right lung were due to syphilitic deposits; there was no tubercular disease. I have spoken above of the distinct evidence of pericarditis elicited by the necropsy.

Case 2. This patient has had syphilis several times, and has been exposed to a great deal of rough work. Since he first noticed his present trouble, the symptoms have been increasing, so that he was finally obliged to give up all work and go to bed. He has no cough and there has been no sputa. An examination of the heart shows that its action is much excited; that the area of impulse is enlarged, and the maximum impulse is felt in the sixth interspace one inch to the left of the left nipple. Evidently the heart is much enlarged. There is no valvular murmur heard at the apex, but a slight murmur can be distinguished at the base. There is also slight roughness of the first sound of the heart. Both of these conditions are probably simply due to irregularity, for the most careful auscultation fails to reveal any organic heart trouble. On examination of the right upper chest, about where the pain is felt, I discover another pulsating body. This pulsation is in the second interspace, two inches to the right of the sternum, about four inches upwards and to the right of the heart's impulse. There is unusual fulness of the right upper chest. This pulsation cannot certainly be the heart. It must either be some body with a pulsation of its own, or else some solid body hit by the heart at each stroke, and transmitting its impulses on percussion over this site, I get flatness extending (on the right side) from the lower margin of the third rib up to the clavicle, inwards beyond the middle of the sternum, and outwards to the junction of the middle and outer third of the clavicle. Can this be a tumor which receives and transmits the impulse of the heart? We very rarely find a solid tumor in this part of the chest; there are no glands here which are likely to become the seat of a tumor. On auscultation I hear a hoarse, strong, blowing murmur over this area of impulse. This murmur cannot be heard over the heart. Putting these facts together, we are able to determine the existence of aneurism. No such enlargement could take place in the veins. From the position of the aneurism, it must be an aneurism of the innominate. The aneurism is as large as the head of a fœtus at full term. It involves the upper and outer walls of the innominate, and its opening into the aorta. Connected with the aneurism there is an enlargement of the left ventricle of the heart. There may be very slight mitral disease. The aneurism has probably caused by atheroma of the coats of the artery. This patient is remarkably free from the complications which usually attend an aneurism of the innominate. The aneurism may press on the trachea, causing cough, dyspnœa, and, in some cases, aphonia; or it may press upon the pneumogastric nerve and bring on paralysis of its branches, with hiccough, belching, etc., as a result. Again, by pressure upon the œsophagus, the reception of food may be seriously interfered with, if not entirely prevented. Some of these symptoms are presented here. In some cases of aneurism there is a difference in the two radial pulses, owing to the interference of the aneu-

rism with the passage of the blood out from the aorta on the right side. I do not notice any difference between the pulses of this man; sometimes there will be pressure on the neighboring sympathetic ganglia, which control the vaso vasorum, or the circulation through the carotid artery on the side of the aneurism will be modified by pressure. This inequality in the circulation of the two sides of the head, is usually shown in the pupils, one being larger than the other. The aneurism in this case, fortunately, does not interfere with any important structures. It is gradually, however, leading to absorption of the ribs above its site. There are all the path ognomonic physical signs in this case except the thrill. This is probably owing to the smoothness of the lining membrane of the aneurismal sac. Atheroma of the coats of the arteries is generally the the result of over-strain, or of syphilitic arteritis. This latter explanation of the disease probably applies in this man's case. As there is great danger of the sac bursting at any moment, treatment must be directed (1) to the stoppage of the progress of the atheroma, and (2) to the diminution of the pressure of the blood. The only drug which can favorably affect the atheroma is iodide of potassium, beginning with fifteen grains, three times a day. The patient must be rigorously confined to bed. To reduce the blood pressure, from three to five drops of tincture of the root of aconite may be given thrice daily. Under this treatment, in the present case, the pulse has been reduced from 96 to 78 to the minute, and the aneurismal murmur is much softer and weaker. To diminish the supply of blood, and thus reduce the amount of red corpuscles, and of albumen, and increase the amount of fibrin, and so far, or the coagulation of the slower moving current in the aneurism, the patient should be placed upon a reduced diet. I am giving this man at breakfast, two ounces of bread and a little coffee, at dinner two ounces of meat and a little bread, and at supper two ounces of bread This diet has reduced his weight from 165 to 149 pounds, and has made him much more comfortable and sleep much easier. I hope in this way to be able to cause coagulation in the sac without surgical interference.

Homœopathy and Prof. Bartholow.

BY S. A. NEWHALL, M. D., NEWTON, KANSAS.

I have been a subscriber and a constant reader of this excellent and spirited journal from its birth, have its files in full bound, and welcome it to my office gladly at every issue.

I was deeply interested in a selection from the MEDICAL NEWS, in the issue of Sept. 11th, 1882, by Prof. Roberts Bartholow, upon "The Influence of Dose on the Physiological and Therapeutical Action of Remedies." The Prof., in the outset, says very truthfully that, "In the study of physiological therapeutics, hitherto not sufficient attention has been given to the subject of dose as a factor in the results." He goes on to state that during the past year he has been making some experimental studies, more especially to ascertain if there are any general formulæ, by the aid of which we can more successfully interpret the influence of quantity over qualitative actions.

As a result of his labors, he arrives at the conclusion, and lays down as an axiom, that, "medicines acting on a part, a tissue, or an organ, can only increase, diminish, or destroy a normal function, and cannot give to the function a new direction." "The irritability—that is, the power to react to impressions—of a tissue, or an organ, may be increased, or diminished, or destroyed, by medicines affecting function." "The property of irritability, or power to react to impressions, is possessed by all organs. * * * The whole matter is resolved into the physical law, 'To every action there is an equal and opposite reaction.'"

These propositions and conclusions are supported by able arguments and ample illustrations in the actions of different remedies upon the human organism.

"It is no less true," he continues, "that persistent irritation or stimulation ultimately destroys the power to functionate; in other words, arrests function."

His conclusions are based upon the fact that many remedies have a dual action, and that, "such different and even opposing action of the same remedy may result from dose." He illustrates this principle very clearly and ably, by the action of different remedies, in large and small doses, and maintains that from a therapeutical side there is no fact of greater importance than this: that a large dose will depress, prostrate, or paralyze, while a small dose will act as a gentle stimulant, citing different remedies as examples, viz., *strychnia*, *quinia*, *alcohol*, opium, digitalis, etc.

"Turning now to ipecacuanha," he says, "we find that this has a stimulating or irritant action in large doses; a sedative effect in small doses." The homœopathists, he says, have made much out of this, and claim that to admit it is to admit the truth of their ridiculous dogma of similars, also citing calomel and colocynth in their dual action upon the intestinal tube, and cantharides as a stimulating irritant to the urinary apparatus in large doses, and as having a remarkably quieting effect in small doses.

His first conclusion is that "throughout the whole field of pharmacology we find that qualitative results are largely influenced and determined by the quantity administered. In fact, so certainly true is this relation that in the statement of physiological actions and therapeutical results, the quantity of the remedy administered is an essential element, without reference to which exactness is unattainable."

This is a very broad conclusion to arrive at, and yet one that the premises fully justify, and the inevitable result is that the dose must be measured or limited by the symptoms and condition; *e. g.* given a case of violent cystitis, with an excessive

irritation of the urinary apparatus; a non-stimulating or sedative dose of cantharides, or buchu, or terebinth, will quiet the irritation and cure the disease.

What better argument could a homœopathist want to sustain his law of "similars?" The Prof. is simply doing the homœopathists the favor of showing why "like cures like;" of explaining to every one who reads his article, the true meaning of the formula, "similia similibus curantur;" *i. e.* "To every action there is an equal and opposite reaction." That if a stimulant is needed it must be limited to the extent or degree of stimulation the organ or tissue can bear without injury; that if a sedative is needed it must be short of injurious depression, or, in other words, the dose must be small enough not to overpower or prevent reaction, but just sufficient to aid normal reaction against disease tendency. (See his remarks on alcohol and opium). This is all the homœopathist asks of us, and the Prof. has just arrived at the conclusion that the new school has taught ever since its birth.

The Prof. says there are remedies such as conium, curare, and the bromides, that do not stimulate, but depress the spinal functions from the onset of their action.

The homœopath will tell him, and if he will witness it, will demonstrate to him that a drop of the sixth attenuation of ether will aid normal reaction and relieve depression. The Prof. has in his search after truth, like Dr. Ringer, waked up a passenger by his conclusions who will not readily go to sleep again. He has given a better solution of homœopathic principles, and especially of their peculiar dogma, than I supposed they were capable of; and the mere fact that every educated votary of Hahneman invites honest investigation, willing that the principles upon which his faith rests may stand or fall upon their own merits, is their strongest bulwark in the confidence of the laity.

Ridicule is not argument; blind assertion is not proof; neither are the follies of high dilution extremists any substantial argument against their fundamental principles; and when the Prof. published his axioms and propositions, he admitted more than a great many homœopaths claim, *i. e.* "To every action there is an equal and opposite reaction."

In the same number of this journal, Sept. 11th, page 267, is an article by Geo. F. Hunter, M. D., Holly, Mich., upon "Differential Action, the True Theory of Medicine." He says, "Homœopaths do not claim that they can produce an identical disease to the one they cure, but only 'similar,' or 'like.'" As I understand them, homœopaths do not claim that they produce any disease at all, but that a remedy will cure diseases, the symptoms and pathological effect or condition of which are similar, to the toxical and pathological symptoms and effect of the same remedy upon a healthy person, in a poisonous dose. The curative dose may be the minimum dose of the tincture, or fluid extract, or it may be the third, sixth, or thirteenth attenuation, as the case in hand may require, remembering always that "To every action there is an equal and opposite reaction." Or in other words, that the dose must not be large enough, after counteracting disease tendency, to produce a "similar" medicinally diseased condition.

Of course they claim, by their mode of preparing remedies, to get a better effect than simply giving the minimum dose of the crude drug.

I would exhort Prof. Bartholow to continue his researches, and shall look with interest for communications from him, for most assuredly the truth is what we want.

Progressive Tubercular Meningitis.

BY C. L. HOWELL, M. D. FLINT, MICH.

It has been my misfortune, after having practiced medicine over twelve years, to have one of the above cases come under my care. and as the disease is so peculiar and also so deceptive in its first stage, I thought it well to report it for the benefit of others. Little Gracie P., age four years, was first attacked with what I supposed to be remittent fever (chills and fever), which symptoms I succeeded in allaying with the usual remedy. This was in August, 2nd to 9th day; the recovery was not perfect, as she was nervous and irritable, skin looking like marble, white and shiny. Again, September 15th, she was taken with the same symptoms, not very severe at first; gave treatment as before, without any beneficial result, child continuing to grow worse until September 22nd, when I called council, who agreed with diagnosis and treatment, and thought case would recover. About this time the child began to want to sleep more than usual, apparenty very natural and sweet, would arouse easily to take its medicine, but immediately drop off to sleep again; at this time secretions and excretions were as well as any case of ordinary remittent fever, pulse 120, temperature 101, yet every hour the sleep became more and profound. September 26th, right hemiplegia. September 27th, absolute unconsciousness, unable to swallow, and yet to look at the child she seemed to be sleeping as sweetly as a new born baby, eyelids closed, mouth shut, and breathing very natural. These symptoms and conditions continued even more profound, if such could be, until September 30th, when little Gracie went into the sleep that knows no waking.

Such is a very brief history of a most interesting case not often seen—progressive tubercular meningitis. The peculiarity of this case and others of the same kind are the extreme difficulty of making a diagnosis, or at least locating the pathological lesion. The primary cause no doubt is hereditary, as phthisis, etc., exciting cause malarial poisoning, especially in this case. If it should be my fate to ever treat another case, I think I should do differently, perhaps with no better success. But I should know what the case was before it became inarticulo mortis. No text book to my knowledge gives a diagnosis sufficient for a guide until too late to be of any benefit to the patient.

Selections.

TREATMENT OF LABOR, WITH REFERENCE TO THE PREVENTION OF SUBSEQUENT UTERINE DISEASE.—The following is an abstract of a paper by Dr. W. E. Forrest, read before the New York Academy of Medicine on the 2d inst.:

There is an unquestionable relation of cause and effect between the puerperal state and many cases of uterine disease. Gynæcologists tell us that from one-third to one-half of the cases of this disease that come under treatment date their trouble from a previous confinement. If such be true, and we have no reason to doubt the statement, it behooves us obstetricians to look into this matter closely and see if the responsibility rests in any degree upon us. When we consider how chronic, how costly, and how injurious to mind and body uterine diseases are, we must realize that the prevention of this curse of the female sex is worthy our profoundest study and our greatest care. Dr. Forrest did not wish to be understood as considering the obstetrician's responsibility for all the diseases of the uterus that follow the puerperal state, but there could be no question that some of the cases might be prevented by an intelligent and scientific management of labor. We must sometimes feel that, had obstetricians made as great advances in preventing diseases as gynæcologists have in curing them, they would be less prevalent. The author stated that it would be his aim, first, to make his remarks practical; and, second, to found his statements as far as possible on anatomical and physiological facts.

Uterine disease, as a sequel of labor, may arise from two general conditions: First, from laceration of the pelvic tissues; and, second, from subinvolution of the uterus and vagina either with or without laceration.

Laceration, as a cause, is first in time as well as in importance. Indeed, subinvolution, as a rule, can be traced to laceration. Hence, it is of the utmost importance to study the manner in which lacerations are produced, and the means by which they may be avoided or remedied.

As to the frequency of laceration of the cervix, Dr. Emmet found that of all the women coming under his treatment for uterine disease, one-third were suffering from laceration of the cervix.

Tables furnished by Dr. Sinclair, of the Boston Lying-in-Asylum, that out of 216 women examined by him, on an average of 16 days after confinement, 76 or over 30 per cent. had laceration of the cervix; of these 44 were primiparæ and 32 multiparæ, 76 had fissure of the cervix, while 44 had well-marked or deep laceration. Of these, only 3 were forceps cases. From the above statistics it was plain that laceration of the cervix is a common accident during labor. Its frequency had not been suspected because physicians, as a rule, had not been in the habit of examining patients carefully at the close of the puerperal period, say 12 to 20 days after labor.

Not all the women with laceration of the cervix suffer from apparent uterine disease, but, as already stated, a large percentage of such diseases spring from laceration.

The most common cause of laceration spoken of in our text-books is rapid labor, or a rapid first stage of labor. Emmet says: "From *a priori* inferences I was prepared to learn that rapid labor was the most common cause of laceration of the cervix." Dr. Forrest, however, was of the opinion that this was the least common of all the causes of laceration. In support of this opinion he stated that dilatation is usually spoken of as if it were principally due to the mechanical pressure of the head or membranes upon the cervix. From this conception would arise a second theory, as a corollary to the first, namely, if the head descends slowly, the os will be less likely to be torn. Now, these two theories are directly contrary to the facts. Statistics show that only four per cent. of lacerations are characterized by rapid first stage of labor, while over thirty per cent. are marked by tedious first stage. In explanation of this fact it was stated that dilatation is not a mechanical but a physiological process. It might be called relaxation rather than dilatation. If dilatation were due to pressure alone, or mainly, why, in one case, should a thin cervix resist for hours hard pains and great pressure without dilating, while in any other case the os might dilate in a few minutes almost without pain. The author had had two cases where the os must have dilated, or rather relaxed, while the women were asleep, so that the children were born immediately upon the awakening of the mother, and with a single pain. He had observed the os dilate from the size of a silver dollar to full dilatation with a single pain, yet without laceration. Among uncivilized people rapid and unexhausting labor is the rule.

From these facts we may infer that normal dilatation of the os is rather a physiological than a mechanical process. The preparation of this process commences weeks before labor. We might infer that in natural labor there is not a contest between the body of the uterus and the cervix; but that there is harmony of action between them, so that when contraction commences in the fundus, relaxation takes place in the cervix. It was only when perverted nerve force disturbed this harmony of action that mechanical dilatation of the os became an important factor. Reil nearly eighty years ago enunciated this theory, that during pregnancy the uterine polarity resided in the cervix, and that at the commencement of labor the polarity leaves the cervix and resides at the fundus, and that rhythmical contraction above then goes on, with relaxation below. This theory explains the statistics of Dr. Sinclair already referred to, in which of 76 lacerations, only 3 were characterized by rapid first stage of labor; that is, a first stage less than three hours in length. We can now understand why a rapid labor so seldom causes laceration of the cervix. First, rapid labors, as a rule, are natural and have undisturbed nerve relations; second, there may be no more pressure on the cervix than in tedious labor, because the cervix in the former case gives way before the advancing head; third, in the rapid labor the resiliency of the cervix is not exhausted by long-continued pressure, and therefore pressure is less likely to cause laceration. But suppose that precipitate labor does threaten laceration. The theory above given indicates the remedy, viz., the administration of something that controls perverted nerve force; hence, chloroform, chloral, or morphia. The finger of the attendant on the child's head will modify undue pressure on the cervix.

The second cause mentioned in our text-books is tedious labor, or, rather, a tedious first stage of labor. This is spoken of as a possible cause rather than a most important one. Dr. Sinclair's tables show that of 37 well-marked cases, 34 were characterized by a first stage of labor lasting from 12 to 36 hours. Dr. Emmet had found that 30 per cent. of the cases treated by him were attributed to tedious labor, which was opposed to his *a priori* inferences.

This proportion would be greatly increased by the addition of forceps cases which could be placed under the head of tedious labor.

It seemed evident, then, that tedious labor is a very prolific cause of laceration of the cervix. Anatomical reasons in support of this view were then adduced by the author of the paper. Copies of Braun's plates, made from frozen sections, were presented, showing the relation of the pelvic contents in the ninth month of pregnancy and at the beginning of the second stage of labor. It was pointed out that the change which had taken place in the first instance was that the bladder occupied a position behind the pelvis. The os internum and os externum were on a line with the pelvis and that there was a solid pelvic floor. In the second instance it was shown that the os internum had now risen some distance above the pelvis. The bladder had likewise been drawn upward and the urethra lengthened. The walls of the uterine body have become shorter and much thicker, while the cervix, on the other hand, has become long and very thin. In this case the os internum had dilated in harmony with the dilatation and retraction of the os internum, and the parturient canal was ready for the speedy delivery of the child.

In the case of tedious labor, when the os externum does not dilate in harmony with the os internum it was shown that as labor goes on, hour after hour, the uterine body will shorten, the os internum and bladder will be drawn upwards by the shortening from one to three inches above the pelvis, and that as the os externum does not dilate the shortening of the uterus and the retraction of the internum must take place at the expense of the cervix, which becomes stretched to three or four inches in length and as thin as parchment. This could be easily demonstrated upon a living patient. If an examination of a case of tedious labor was made where the delay was in the first stage, it would be found after some hours that the bladder, even if it contained but an ounce of urine, would present itself as a bulging tumor halfway to the umbilicus, and upon passage of the catheter the urethra would be found three inches in length.

What then was the remedy for this prolific cause of laceration of the cervix? evidently the prevention of tedious labor. This was to be accomplished by restoring, if possible, the harmony of action that should exist between the body and the cervix uteri, so that dilatation below may keep pace with contraction above. The remedies to be used in the shape of drugs were morphia and chloral, which were to be given, not as commonly supposed, for their relaxing effect on the cervix, but for the purpose of relaxing disturbed nerve function. They should be administered before nerve force had exhausted. They were to be administered in moderate doses, for the object was not to paralyze the uterus but to regulate nerve action. Gentle manual dilatation of the os was recommended as a useful measure.

The indications for action will be found from a study of the position of the bladder by observing when the utero-cervical junction begins to appear above the pelvis, showing that the os internum has dilated, and what is of more practical importance than either of these signs, by watching the formation of what Dr. Forrest calls the anterior vaginal cul-de-sac, which is formed between the pelvis and the cervix by the rising of the bladder.

Why should one woman with a normal pelvis and the child in a favorable position suffer for hours before the os dilates, while another woman, whose structure is apparently the same, or even a weaker muscular development, spend about an hour in the first stage. This question could not be easily answered, but the process was probably governed by nervous conditions, the laws of which we have not yet fathomed.

Instrumental delivery was often spoken of as a cause of laceration of the cervix; undoubtedly the forceps in careless and unskilled hands may give rise to this accident, but it has been shown that tedious labor is a common cause, and it is in just such cases that the forceps is used. It is impossible to say how many lacerations are directly due to the forceps. The truth is, that the forceps when carefully used seldom cause laceration.

When the profession are united in a uniform system of observation, we would have a ground on which to make some positive deductions.

Digital dilatation is spoken of as a frequent cause of laceration of the cervix, but the author was convinced that, when intelligently employed, it would not only not cause laceration, but might be a most important means of preventing it. The time for this measure is when the evidences are present to show that the os externum is not acting in harmony with the lower uterine zone.

Abnormal presentation may be one of the causes of laceration of the cervix, but it is hardly within our province to speak of it here.

Premature rupture of the membranes, if it occurs spontaneously, may predispose to such an issue. It is hardly necessary to caution against intentional rupture of the membranes until the os was dilated.

The giving of ergot before the os is dilated or ready to dilate, since it is unknown among intelligent physicians, hardly need to be referred to.

Supposing, however, after taking all possible precautions, laceration of the cervix occurs, as it sometimes must of necessity, what is the duty of the accoucheur in order to remedy this trouble and prevent future uterine disease. The first indication was to keep the wound clean and disinfected; the second was to bring the lips as nearly together as possible by means of stitches, plasters or compressors. The utmost cleanliness should be enforced. The nurse should be instructed to give three or four injections daily. Stitching was hardly to be thought of; plasters and compressors could not be employed. Dr. Forrest had recently experimented with elastic bands which were slipped over the cervix in order to keep the torn crevices approximated. This procedure was still in the experimental stage, and Dr. Forrest was not yet prepared to give the results of the treatment.

Subinvolution is a term that has been of late years in vogue among foreign pathologists. Dr. Forrest considered this condition not so much a cause of uterine disease as constituting in itself uterine disease. Normal involution of the uterus may be supposed to be completed in from twelve to twenty days, instead of from four to eight weeks, as usually supposed. Various conditions might interfere with the process of involution. Dr. Emmet says he does not remember treating a case of subinvolution without finding more or less laceration of the cervix. Laceration of the perineum is said to be a common cause. Septicæmia, especially when associated with laceration of the cervix, is a most potent cause of subinvolution. The obstetrician is more frequently responsible for septicæmia than almost any other complication that may occur during labor.

Loss of blood, general debility, nervous excitement, too early leaving the bed, may all be causes of subinvolution. Subinvolution may be avoided to a greater or less extent by tonics, small doses of ergot or the wine of American ash. The patient

should be kept in a recumbent position, with an undisturbed mind, and, above all, the utmost cleanliness should be maintained.—*Medical News.*

A New Departure in the Treatment of Rheumatism and Gout.—In the *British Medical Journal*, Dr. Alexander Harkin presents an article in which he first points out the unsatisfactory state of our knowledge concerning the etiology and therapeutics of these two diseases, and afterwards condemns the now recommended salicylate treatment, and then goes on to recommend an entirely new treatment of his own. He says:

"My object is not so much to call attention to the epidemic of salicism, from which, apparently, the medical mind is at present suffering, as to propose a new and effective remedy for acute rheumatism, which, in my practice and in that of other professional friends, has afforded results as yet unequaled in the treatment of that disease."

The following case will give a good idea of his method of treatment:

On October 24th, 1879, I visited sub-constable H., æt. 30, married. He had a rigor on the 21st, followed by pain in the left knee and thigh, which were now red and swollen. On the 25th pain had extended to the right knee, both ankles and shoulders. On the 26th the left elbow was also affected; perspiration was acid and profuse; his urine scanty and loaded with urates. On the 27th his state was unchanged. I ordered an opiate at bedtime. He had been previously laid between blankets, and his joints enveloped in cotton-wool. On the 28th he was no better; he had not slept for a week. At 1 P. M. his temperature was 102°, pulse 108. No cardiac affection was perceptible. I then applied a blister, four inches by three, over the region of the heart, to be replaced with cotton-wool at the end of eight hours. On the 29th I found the patient completely relieved. His countenance was cheerful, his tongue clean, thirst diminished, perspiration gone, urine copious and clear, temperature 98°, pulse 90. He then told me that he began to feel relief at 6 P. M., just five hours after the application of the blister; that soon afterwards he fell asleep for the first time for many days; and that, having had occasion to rise in the night, he walked unaided across the floor, and only remembered his pains after getting into bed. And thus, although on the previous day paralyzed in every joint, he was now able, without pain, to flex and extend them all, and to sit up in bed with ease. On looking at the joints, every trace of redness had departed, and the swelling was very much diminished, and they could be grasped firmly without pain. On the 29th and 30th he was still improving. Pulse 90, temperature normal. The swelling and pain were absolutely gone from every joint. On November 1st the pulse was 84, temperature normal. Convalescence was complete, and my visits terminated. A week later he walked to my house, a distance of half a mile, and he soon afterwards returned to duty.

He then goes on to say that it is now generally admitted that the exciting cause of acute rheumatism, as of pleuritis and pneumonia, is a chill; and that the effect is produced through the medium of the nervous system; and that, although the integument alone may be directly chilled, the deeply seated internal organs alone suffer. The immediate effect of cold upon the nerves of the surface is to lower their functional activity, and to increase the action of the nerves of the internal organ in relation with that part; endocarditis thus becoming the first step in the development of acute rheumatism after exposure to cold. If it be physiologically true that, when two parts of the same body are nervously in sympathy with each other, if we produce a powerful action in the nerves of one, we may withdraw vital energy from the nerves of the other; then it follows that, when a derivative in the form of a blister is applied in the nearest vicinity to the endocardial lining when in an inflamed state, it is but carrying into effect the principle that counter-irritation is the most effective plan available to alter the excited condition of nerve-centres, and so to influence motor, sensory, and trophic nerves. Further, if experience tells me that counter-irritation over the heart is a potent remedy for the cure of acute rheumatism in all its phases, this fact will surely throw light on the nature of that disease. According to Dr. Peter Latham, "the treatment of diseases is in fact a part of their pathology. What they need and what they can bear, the kind and strength of the remedy, and the changes which follow its application, are among the surest tests of their nature and tendency." And Cullen, in the preface of his *Nosology*, page 16, says that "remedies cure diseases in so far as they remove their proximate causes." When, therefore, a blister over the region of the heart cures endocarditis and its articular complications, it would surely not be unsafe to infer that the proximate cause is located in the heart itself.

If, then, it can be satisfactorily established that acute rheumatism may be cured by a topical remedy alone, what becomes of all the theories based on the idea of its zymotic, its constitutional, or autogenetic origin, and the sundry modes of treatment, and the antidotal remedies devised for the removal of the hypothetical condition of the vital fluid—eliminative, antacid, or otherwise? That it may be done—that it has been done in a number of cases—I have satisfied myself, and knowing how prone human nature is to self-deception, I have guarded against the personal element by inviting the presence and coöperation of several medical men of the highest ability and scientific acquirements as witnesses.

My chief desire is, that my simple plan for the cure of rheumarthritis shall be thoroughly tested by the profession at large; of its efficacy, my own experience, and that of a number of my professional brethren, assures me. I cannot expect, however, that every one who may be equally convinced by personal trial and experience, shall also accept my explanation of its *rationale*. The pathology and physiology of the nervous system are not yet established on sure grounds; its supposed laws are subject to many contradictions, which only a more extensive knowledge of its principles, and their application, can elucidate. Nor would I wish to appear as proclaiming its efficacy in every case. I am satisfied, indeed, that endocarditis will still claim a place in the sad category of fatal diseases; but I also feel that, in cases possible of cure, the abortive plan proposed must claim precedence as the most rapid, safe, and permanent; from its very nature, the most potent to anticipate or remedy functional or organic disorder in the heart and its appendages. One other important result is likely to flow from its general adoption, viz., the reduction to very moderate dimensions of that class of applicants to whom the physician has so often reluctantly to refuse the benefits of life insurance, on account of the existence of permanent cardiac injury, caused by undetected lesion in cases of ordinary acute rheumatism.—*Medical and Surgical Reporter.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Cure of Syphilis by Excision of the Chancre.

This subject has been recently revived by an able paper read before the New York Academy of Medicine, by Dr. P. A. Morrow, one of the editors of the *Journal of Cutaneous and Venereal Diseases.* As long ago as 1503, not many years after Columbus discovered America, the physicians had learned that destruction of the primary sore might prevent the appearance of subsequent syphilitic symptoms. All the most eminent physicians of the last century frequently excised the chancre, and, presumably, obtained good results. Until within the decades last past it was the common treatment, but has now fallen into disrepute because of the quite general belief that the principle upon which such treatment was based was erroneous. A few years ago some German surgeons reported the results of excision in a large number of cases. In many of them constitutional lesions did not follow the extirpation of the initial lesion, consequently there is a strongly favorable opinion growing in Germany. France and England appear to have given the subject very little attention, seeming satisfied with the doctrine that the chancre is but one manifestation of constitutional infection, and that its removal could not prevent the appearance of other manifestations. The method of removal is to seize the chancre with a pair of tenaculum forceps, raise it up, and with one sweep of knife or scissors, excise it, care being taken to include in the incision a zone of healthy tissue. The wound is closed with sutures and dressed with carbolized lint and a firm bandage. Sometimes induration appears in the cicatrix, and another incision performed. Cases treated in this way have been carefully watched for months and years without the discovery of constitutional symptoms. And, further, by experiment it has been proven that, patients so treated are not susceptible to re-inoculation with fresh virus.

In those cases in which constitutional symptoms do appear after excision the manifestations are of an unusually mild type, it is claimed. In almost every instance a hard indolent sore is converted into a simple wound, that heals by first intention.

It is easy to understand that the partisans of extirpation argue that the syphilitic virus remains localized at its point of entrance until after the chancre has fully matured. The great question involved in this method of treatment is, at what time does the syphilitic virus become generalized? We must regard the results obtained by those practicing excision as evidence of the non-existence of general infection at the time when the chancre was removed, and continuation of the experiments must ultimately teach us just when we can excise the chancre and give our patient assurance of immunity from constitutional infection. We must, also, remember that it is a matter of extreme difficulty to make an accurate diagnosis of chancre. All the sores of supposed venereal origin coming under the observation of the practitioner are not followed by constitutional syphilis, even when there is no treatment. If the induration test is regarded as reliable in every instance, the fact that the sore heals, leaving no trace of its existence, and that constitutional treatment often prevents constitutional manifestation, would argue that excision does little good.

The practical uncertainty of distinguishing between chancre and chancroid must operate against popularity of the treatment in question. The possibility of anto-inoculation and a consequent frightful ulcer in the place of a comparatively simple one when the chancroidal sore is mistaken for the chancrous, will not be likely to encourage those naturally cautious about the adoption of innovations even when they have the virtue of great antiquity to recommend them. If our German confreres and their enthusiastic admirers would read carefully the musty tomes of Van Swieten and the great surgeons of his time they would learn of more than one "Carl Schnidderedunk, a soldier, strong in body and limb, was sorely vexed with an ugly sore on that part of his virile organ which the anatomists call the frænum, and which, being badly treated with mercury and internal remedies, did not heal well and soundly after I had cut it out freely, until much of the member and its usefulness was sacrificed by phagedena."

Death Certificates by Physicians.

We presume it would be a work of supererogation to argue the necessity of correct vital statistics before an audience of advanced physicians, sanitarians or political economists. The arguments in the support of their value are too familiar, or will too easily suggest themselves, to require their enumeration at this place. A question which is, however, of immediate interest, is the most effective and feasible means to this end. It has been receiving considerable attention abroad, and has within a week commenced to press for a solution in this city. With the organization of our health office, an ordinance was passed by our local authorities requiring "all physicians or persons acting as such" to report promptly, under pain of a penalty, to the health officer the cases of death, with the cause of

death, occurring under their charge. This ordinance has been in force for over a year, and we believe has until recently set lightly on the profession, the general sentiment recognizing its wisdom and being friendly to its enforcement. It has occasionally happened, however, that in the exigencies of practice it has been very inconvenient, and in some instances well nigh impossible, for the physician to report with the required promptitude. In such cases our health officer, it is alleged, has insisted on a strict compliance with the letter of the law, and has threatened the visitation of the penalty attached to its violation on the delinquent. The more law-abiding and peaceably disposed have with as good grace as possible submitted to what they have regarded as a species of martinetism on the part of the board of health, until a week ago a practitioner, worried at a busy hour by the importunity of the health officer, refused to comply with the requirements of the ordinance. He was promptly prosecuted and the case is now pending. The defense pleads the unconstitutionality of the ordinance and will, if convicted, appeal to the Superior Court.

We espouse neither side in the dispute, regarding it very unfortunate and holding both of the parties to it to blame. It is exceedingly unfortunate that a health officer, the success of whose work is so intimately dependent on the sympathy and active coöperation of the medical practitioners of his bailiwick should have alienated the latter, and it is to be deplored that antipathy to an individual should stimulate a physician to withhold his aid in the accomplishment of an end so much to be desired. The question is too important to justify its being affected by personal considerations. We can appreciate the hardship of compelling the physician's services without remuneration, and doubtless the demand for his unrequited efforts on behalf of the public is at times unjust. The necessity of the work being, however, conceded, the genius of the profession makes recompense for it a secondary consideration. We are aware that the logical application of such a principle would entail a burden on the profession too grievous to be borne. The line must, of course, be drawn somewhere, but it must never be so drawn as to prevent the general good, even though it must at times compel a withholding of services to individuals. It is not a sufficient reason for the physician to refuse his certificate to the cause of a death on the ground that he receives no fee for so doing. The ordinance which requires him to do so may be declared unconstitutional, but such a declaration will not absolve him from obligations which legal enactments cannot affect, obligations which are incumbent on him through the existence of an unwritten law more binding on him, in virtue of his calling, than any statutory provision.

Treatment of Purulent Otitis Media.

Fortunately the day has gone by when suppurative ear troubles were regarded as of too little moment to demand the attention of the practitioner. The old-time advice to "let it alone, or keep the ear syringed out, and the patient will outgrow it" would in the light of an advanced pathology be little less than criminal. While, however, the necessity of doing something for its relief is now recognized by the merest tyro in medicine, the means of securing this relief have not been satisfactory. In an article on the subject in the *American Practitioner*, for November, Dr. W. W. Seely, of Cincinnati, discusses the question in his usual able manner, laying down the fundamental therapeutic ideas and calling attention to what he has found to be a very successful plan of treatment. He opens his paper with a repudiation of the nitrate of silver and the sulphate of zinc treatments, and is not convinced that the claim of a prominent English physician for a place in the nosological list for a "nitrate of silver facial paralysis of the aurists" is entirely unwarranted. He holds cleanliness to be of the first importance in treatment, and this condition and the remedies he employs have in view the destruction of the parasite to whose presence in the ear he regards the suppuration as due. Cleanliness, however, cannot be secured or maintained by means of the syringe. He advises the complete discarding of this instrument and a reliance on the probe and absorbent cotton, the latter means effectually remove the secretion and carrying in no promoters of it. Another desideratum is a patulous condition of the Eustachian tube. This condition is secured by the use of the baloon (or catheter) to inflate the middle ear, once or twice a day. Sometimes, and not infrequently, these means will be sufficient, without recourse to further applications in the way of medicines, to effect a cure. When they fail, the application of boracic acid must be used in addition. The acid is applied in the form of powder, by putting a small quantity into the speculum and blowing, and then packing it down with the cotton in the probe, or by gradually filling the meatus by putting in a small quantity at a time, packing it down with the probe. Often a single packing will last for days or weeks. When this is the case it becomes perfectly hard, and by the time it has crumbled and been removed by the ordinary cleansing of the ear, the fundus will be found normal. More frequently the acid is quite dissolved in twenty-four hours, when it must be renewed, even day after day and week after week. Should the dry powder fail to give the desired relief, it is probably due to the failure of the powder to reach all of the affected parts. In such cases a saturated solution of the acid in absolute alcohol of full strength must be instilled into the ear.

Sic Transit Bacteria.

The professional mind has for some years been in a feverish condition of hope created by the developments, and their possibilities, in connection with bacteria. It has felt that it was on the confines of some great scientific fact which should be utilized with incalculable service, in the healing of the na-

tions. The eye of expectancy has been directed toward the Pasteurs, the Tommasi-Crudellis, the Kochs, the Woods, the Formads and the Sternbergs, who have conducted us to heights from which we have been well nigh able to discern the promised land. If there was a hypothesis in medicine which ever gave promise of blossoming forth into a demonstrable fact, it was the hypothesis that many of our diseases, at least, are due to the introduction into the system of bacilli, micrococci, or bacteria, and the aim of medicine has for some time been to discover an agent which should destroy these and be at the same time innocuous to the system. We are now, however, advised that one of the explorers in this field, Dr. Formad, of Philadelphia, has repudiated his conclusions. It will be remembered that Dr. F., in connection with Dr. H. C. Wood, conducted a series of observations and experiments with membrane secured from cases occurring during the diphtheria endemic at Ludington, in this state, about a year ago. The conclusions were that diphtheria was due to the deposit of a specific parasite on the mucous surface of the buccal cavity, where it found soil favorable to its growth and development. The experiments which led to this conclusion were so carefully conducted and so convincing that they were endorsed by the National Board of Health. Dr. Formad has been active ever since with a view to utilizing his supposed discovery, but the result of his subsequent observation and experiments has been to upset his former convictions. He now declares that bacteria are not abnormalities, but that they exist in all nature and that the most they do is to act as poison-bearers. He has found that after a thorough washing in plain water the diphtheria bacillus, so-called, becomes perfectly innocuous, thus showing that the diphtheria poison exists merely on the surface of the bacillus and that the latter is not, in itself, the virus. He has found, also, that the sputa of non-phthisical persons contain bacilli identical with those described by Koch, and by the latter regarded as the specific cause of consumption.

These latest declarations will, doubtless, create another very considerable agitation in scientific circles. Let us hope that the result of these advances and repulses may yet be progress.

Miscellany.

The Origin of Man.—The following, from the *Boston Journal of Chemistry*, is an abstract from a lecture by Prof. Winchell on man in the light of geology:

Now that the history of the world has been so far completed, and man has come into possession of its surface, we are able to glance back over the events, and note how their tenor stands related to the final consummation reached in the advent of the human being. The first thought which strikes us is that man is the fulfillment of the prophecies of the ages. The first step of progress pointed toward man as the end of that progress. The first animal form which appeared was structureless and gelatinous, though it had the power to build a strong dome above it for protection from the accidents of a stormy sea.

But the next known appearance of animal life was at the bottom of the Silurian; and here was a marked advance along the line of improvement which was to lead up to man. In the later ages came types higher and higher in succession, but all showing a nearer approach to the human consummation. The special history of vertebrates illustrates the thought more strikingly. Here the humble fish of the Devonian age, uncouth and grotesque as it was, gave clear expression to the vertebrate plan of animal structure, which, in the distant sequel, was to flower into the human form. When at length the condition of the world fitted it for the reception of air-breathers, the amphibian and then the reptile was built on the same fundamental plan as the fish. When the reign of mammals came, the predecessors of the horse, ox, elephant and dog, exhibited only other modifications of the same plan. Even the bird's wing has the same framework as the fish's fin, and the bird may be said, structurally as well as functionally, to swim through the air.

So man, at the end of this long and marvelous succession of modifications, is unable to boast of a framework devised for his peculiar use, since it is only borrowed from the mammal, the reptile, and the fish. In some respects it is even less specialized than the skeletons of most mammals. The human foot, for instance, is a modification which characterized the mammals of the early tertiary age. Man now walks, as they did, on the whole length of the foot, while the dog, the horse, and other mammals step only on their toes. The bear, the badger, the kangaroo, and only a few other animals retain the archaic and almost obsolete modification of the foot seen in man. But it must be said that the plantigrade foot has been perpetuated in man, because best suited to serve him in his destined state of higher perfection.

For exactly the same reason the digitigrade foot was developed into the animals whose higher condition demanded fleetness and dexterity, under the various conditions of animal life. Man's advent was prophesied also in mineral arrangements, which sustain no relations to any other being than man. When the beds of coal were laid down it was not for the use of the reptiles or mammals which followed. These wandered over the repositories of mineral fuel unconscious of the resources of civilization which lay beneath. These bore no relation to intelligent but incorporeal beings, for they felt no need of material supplies. Man only was the correlation of these stores of coal and metals and petroleum, with which the rocky crust of earth was stocked in the remote ages, before yet man existed, —when man as yet was only a thought.

The next thought which strikes us is that the birthplace of man was prophesied by the events of geological history. America to-day is the home of

great herbivorous quadrupeds. South America is characterized by edentates; Australia, by marsupials; while the Oriental continent is the home of the great carnivores. These four continents are thus graduated by the rank of the mammalian faunas which inhabit them. The Orient is highest. Now this gradation already existed in the ages before the present. The Orient was long the home of the highest mammals existing. Now that we know that the succession of life was to terminate in man, we discover that the existence in past ages of the pinnacle of life in the Orient was a clear prophecy that the final culmination in man would be in the Orient.

In the next place, we discover indications that man is to be contemplated as the final term of the organic series. This is indicated, as Agassiz used to teach, by the vertical position of the spinal axis in man. Beginning in the fish, with a horizontal attitude, the anterior extremity gradually rose as the succession of higher forms passed by, until now the erect attitude is for the first time natural and easy. No further progress of the kind is possible. Again, man is a cosmopolite. No creature before man could range over all the earth. The earliest animals had the widest range. The mammals immediately preceding the human advent had the most restricted range of all. It was to be expected that man's geographical range would be narrower than that of any of his predecessors. But lo, he is allowed to break over all bounds. He spreads into all climes and all lands. He holds continent, river and sea. He spurns the law of limitation which controlled all his predecessors, and asserts his emancipation from all restraints. This unexpected and striking fact means something. It seems to signalize the final term of the succession. It makes him the recipient of universal empire. It includes all competitors and all successors. The very superiority of man in cerebral endowment and psychic powers reveals a chasm between him and his nearest inferiors, which seems to proclaim that nature, in forming man, had been actuated by a new impulse, had acted with a changed conception, and was conscious of attaining the completion of her work.

Man's advent is a recent geological event. Man, also, in his earliest European advent, was the equal of modern man. Nor do we find anywhere any links graduating from man toward the rank of the brutes. The apes have a genealogical tree; we trace them back to the beginning of tertiary time. Man has no genealogical tree. He stands apart, as if he had been the product of an independent origination. However this may be, he is most closely related in plan of organization to the other members of the animal kingdom. The facts, in short, are such that we may, with Wallace, hold to the evolution of other animals, and yet not embrace the doctrine of the evolution of man.

Man's history is bound up with the history of the world. Its inorganic elements have yielded him the substances of which his body has been built. The surroundings of man have always conditioned his happiness, his prosperity, and even his existence. More intimately are man's organism and history bound up with the history of the organic world. His blood seems to have come through the veins of a long succession of brute progenitors. To say the least, he is held by an ideal bond of common structure to the most intimate kinship with the unreasoning creatures.

We detect in him the indications of a psychic nature. We have often spoken of plans in nature. They are real. Plan is the expression of mind. All coördination implies mind. There is a mind, therefore, which presides over the structure and the history of nature. Man comprehends some of these plans. He thinks again the thoughts which have existed in the creative minds. He must possess, then, something of the intellectual nature of the Supreme Being revealed in the method of the world. He is more than matter—he is a living soul.

Dr. Benjamin W. Richardson.—Dr. J. Milner Fothergill gives the following instructive pen picture of this noted scientist in the Philadelphia *Medical Times*:

The figure of Dr. Benjamin Ward Richardson is unique in medicine. At present he is best known to the world as an ardent tectotaller and a sanitarian—sometimes a little whimsical, as when he propounded his Hygeia, or ideal city of health. But from this to conclude that Dr. Richardson is crotchety is quite a mistake. He has always held his own views and supported them ably. Born in the Midlands, he studied in Glasgow, and, from a remark in his Asclepiad, was evidently assistant to a general practitioner in the country in his early days. But he soon came to London, and took a prominent position as a scientific physician. He gained his Fellowship of the Royal Society by his researches into the causes of the fluidity of the blood, which he held to be largely due to the ammonia contained therein; and he has always been the consistent advocate of ammonia freely administered in cases where a blood-clot is suspected to be forming in the cardiac chambers. For these researches he gained the Astley Cooper prize. For years Dr. Richardson gave lectures on various subjects to classes of medical men who gathered to his house, and was the most advanced physiologist of his day, before the regular trained physiologists like Burdon Sanderson or Michael Foster had sprung up. His name is indissolubly connected with the ether spray for producing local anæsthesia, as one contribution to practical medicine. Then he invented a painless knife in the form of a wheel-blade revolving so swiftly as to cut without inflicting pain, by means of which he sliced off pieces of the ears of rabbits while they continued nibbling leaves, showing how little they suffered from the amputation. But this came to no practical use. Then his researches in chloral hydrate did much to clear up the action of this agent upon the organism. His observations on alcohol, amyl nitrite, and allied bodies proved how far these agents dilated the arterioles, and led Dr. Lauder Brunton to resort

to nitrite of amyl in a case of angina pectoris, with the result that amyl nitrite is now extensively used to relieve conditions depending on arteriole spasm; and its use in practical medicine has brought an allied body, nitro-glycerine, into notice, which is proving itself to be a most useful medicinal agent for the purpose of filling the arterial system or relieving arteriole spasm. Then, too, Dr. Richardson has experimented largely on anæsthetics, and advocated the use of the bichloride of methylene instead of chloroform, as being safer. His acute intellect, too, made observations in clinical medicine of the highest practical importance. To him we owe more than to any one else our present knowledge of irregularity and intermittency of the heart as neurosal affections utterly disassociated from organic lesions, with which, before his day, these phenomena were too invariably linked. He collected an array of cases which proved beyond all reasonable doubt that frequently such disturbance of the cardiac rhythm was nothing more than a nervous matter, devoid of significance, by which he did much to relieve humanity from that demoralizing dread—viz., a haunting suspicion of some occult disease of the heart—which is much worse than a knowledge that some actual disease does exist. Hundreds of persons who are relieved from their fears by the physician's positive statement that there is no organic disease, and that the halt or the disturbance in the rhythm of their heart is purely connected with the nervous mechanism, know no more than perhaps the medical man himself that the comforting assurance which lays their fears and dreads at rest is due to a great extent to Dr. Richardson, whose enthusiasm as to total abstinence they may have been deriding as the dream of an enthusiast. Then his essay on uræmic coma was one of the path-breaking contributions to practical medicine. Dr. Richardson was for some years physician to the Royal Hospital for Diseases of the Chest. While thus engaged in scientific research and practical medicine, Dr. Richardson was ever a literary man. His writings are clear and lucid, while his language is well chosen and elegant. Since Sir Thomas Watson, no one in medicine has had the command of a style so attractive and so charming as Dr. Richardson—not even Sir James Paget himself. At present he is engaged on a life of Bichat. With him literature is a hobby, just as Seymour Haden and Sir Henry Thompson paint in their spare moments. There long existed an impression that if a medical man knew anything out of his profession he could know little of it, or at least have little acquaintance with the latter practically—an impression most unjust to many. Because a man is without other culture, therefore his intellect is completely devoted to his profession, was a view which it was convenient for a good many medical men to do their best to keep up and disseminate. But the tendency is setting the other way. If a medical man manifests good sense and acumen in other matters of which the public can judge, they are now inclined to give him credit for like qualities in his prosession—an act of justice which the public is readier to render than the medical man's professional brethren, it is to be feared.

Malaria in Skin Diseases—A Correction.—We cheerfully give insertion to the following, received from Dr. Lunsford P. Yandell, of Louisville, Kentucky:

Some time since the following paragraph appeared in the Michigan Medical News, and has been widely copied in the medical journals of the country:

"A century ago John Hunter divided all skin diseases into three classes, one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria; ergo, quinine is the remedy for all skin eruptions.

Q. E. D."

I trust that my confréres of the press will do me the kindness and the justice to publish the correction now given, as the matter is not only one of personal interest to the writer, but is of scientific interest to the profession. The subjoined extracts are from a supplement to a report read to the American Dermatological Association, September, 1877. A copy of this report will be gladly sent to any one desiring it:

"From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this: Malaria is the chief source of acute skin disease. Scrofula is the chief source of chronic skin disease. The more inveterate cases of skin disease are often due to the coëxistence of these two things. The specific exanthems, of course, are not included here, but I contend that their progress and termination are often largely influenced by the presence of malaria, or struma. I do not claim that malaria and struma are the sole causes of the dermatoses. Indeed, many of the dermatoses may exist independently of malaria or struma, and most frequently some exciting cause is necessary to develop the cutaneous eruption. Among the exciting causes are irritants, injuries, insufficient or improper ingesta, vicissitudes of temperature, alcohol, dentition, menstruation, parturition, laceration, etc. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the antimalarial remedies on the one hand, and by the anti-strumous on the other, than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malaria or the struma, as the case may be.

"In conclusion, I desire to impress upon the reader that my views are not confined to the skin diseases. What produces disease here will produce it in all other organs of the body. What is true of

dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body."

Subsequent observation has confirmed my belief in the correctness of these views.

HOMŒOPATHY ACCORDING TO HOMŒOPATPHIC LITERATURE.—Dr. Geo. F. Hunter, Holly, Mich.: In the last number of the MICHIGAN MEDICAL NEWS appears an article headed, "Homœopathy and Prof. Bartholow," by S. A. Newhall, M. D., Newton, Ks., in which the writer refers to my article on "Differential Action, the True Theory of Medicine," which appeared in a previous number of the NEWS, and by way of commentary, says: "As I understand them, homœopaths do not claim that they produce any disease at all." The portion of my article to which he refers was "Homœopaths do not claim that they can produce an identical disease to the one they cure, but only 'similar' or 'like.'" Now, to show that my statement is in harmony with homœopathic literature, I quote the following: "A disease can only be cured by a remedy which is capable of producing a *similar disease* in healthy organisms." —*Manual of Homœopathy Practice*, by Lutze, p. 22.

"The very expression 'homœopathy' refers not to the technical symptoms, but to the disease; homœopathy means *similar disease.*"—*Hemple's & Beakley's Homœopathic Theory and Practice*, p. 87.

But the question arises, what do homœopaths mean by "similar diseases?" And by answering this we may be able to arrive at the proper solution of the matter. On the same page as last alluded to, I find these words: "And by disease we understand any state or condition of the body which is not in a state of health." Hence, by disease they mean any absence of health, or any abnormal condition, the disease being a relative condition in which the normal physiological functions are not in *perfect* harmony with the state known as health, health being a positive state, characterized by definite functions and appearances, resulting from and supported by fixed laws, and disease being not anything positive, but a relative condition, in which there is not a perfect equilibrium of the vital forces, a derangement of the normal vital functions, a deficiency in either construction or destruction.

SODIUM BICARBONATE IN DIPHTHERIA.—A correspondent writes: One would infer from your editorial in NEWS of 25th ult., that the sodium bicarbonate treatment of diphtheria was original with Dr. Douglas. Perhaps it was, the idea, possibly, as has frequently happened before, suggesting itself to the doctor independently of the opinions of either predecessors or contemporaries. His explanation of the *modus operandi* of the salt I do not remember to have seen previously advanced, but the treatment itself is old, as the following from Trousseau, who in turn refers to Bretonneau as having employed it, will attest:

"Bicarbonate of sodium, as an alterant, seems naturally indicated in diphtheritic affections. It has long been in use for membranous angina and croup, but has never earned such a place by any results obtained. However, it had retained the modest position which it really deserved down to a recent time, when brilliant successes, some real but purely accidental, others doubtful or very questionable, called the attention of the public very loudly to the remedy, and presently, enthusiasm coming to its aid, the carbonate of soda was almost taken for the specific antidote of diphtheria and even of croup.

"Such enthusiasm could not last, and cooler reflection and observation soon showed things in their true light. Bicarbonate of sodium has not been given up; but when it is used in membranous angina and croup, it is associated as an auxiliary with other more active remedies. Owing to the alterant and antiplastic action, it may be used in modifying the general diathesis which seems to preside over the development of the diphtheritic affection, or in acting topically on the false membrane which coats the pharynx or the air-passages, and promoting the softening and detachment of the membranes. In these two ways it may be useful, but it is far from having that excessive importance which has been ascribed to it."

ACONITIA.—A. J. B. Jenner, M. D., Detroit, Mich.: I do not agree with Dr. Squibb that the taste test is at all conclusive of the physiological effects of aconitia, and for this reason: He draws his conclusions from the comparative time and intensity of the sample necessary to produce the benumbing effect of one grain of aconite root. Now, it is well known that *five* grains of the latter are not by any means a poisonous dose; whereas, the 1-22 of a grain of true aconitia would most assuredly kill a strong man, unless means were used to prevent a fatal result. This quantity is just five times the strength of his strongest dose; and by his calculation, equal to five grains of the powdered root. The greatest average yield of true aconitia is about four grains to the pound, or, 1-1750 of the whole. Whereas, the various samples found in commerce are not the true alkaloid, but a combination of proximate principles, easily enough procured in sufficient quantity to pay the operator, especially when called "aconitia" and sold at the ordinary price of that article. Herein, in my opinion, lies the secret of the whole matter. Furthermore, I believe that Merck's crystallized sample was contaminated with "aconella," a substance easily crystalizable; whereas, it is almost impossible to produce aconitia in that form, certainly not without great loss in the product. I, also, partially disagree with the doctor in his opinion that a fluid extract is "the best and only preparation necessary." This may be so for internal administration; but, for external use, true aconitia will often act like a charm, and, almost instantaneously, remove the most excruciating pain, where the strongest possible preparation of the root

would be, comparatively, inert. Having had several years of practical experience in the use of aconite and its alkaloids, I consider myself competent to speak positively on this subject, and I am convinced that, as quinia will often produce beneficial results in cases where cinchona would fail, so with aconite and aconitia, and for the same reason. Nux vomica and its alkaloids afford even a more striking example than either. The crude drug acts upon the whole cerebro spinal system. Strychnia acts, almost exclusively, on the motor nerves; whereas, brucia affects the sentient and sympathetic, and igasuria seems to combine the action of both, but acts with much greater intensity than the drug itself. In my opinion, the reason is that, in the isolation of the alkaloids and proximate principles of a drug, all extraneous and inert matters are rejected, thereby allowing the former to act with more certainty, force and precision.

A Dermatological Drama.—The *Moniteur des Sciences Médicales Pharmaceutiques* publishes an amusing "dermatological drama," called "King Sulphur," which is said to be played at the Hôpital St. Louis. Sulphur is King of Cutis, and has just conquered Acarus. He lays his crown at the feet of Queen Friction, who has aided him in the campaign, and implores her to become his honored queen. But she insists first on making an assult on Favus, and totally destroying his arrogant rule. If afterwards Sulphur should burn with the same ardor she will consent. Then she leads forth her army, attended by Axungia, while Sulphur marches in her train. Meanwhile the old-tried General Hydrargyrum, Iodide of Potassium, and Turbith consult in angry conferences. Hydrargyrum is excited when he thinks that he, who has for forty years combated with so much glory all the forces of the Syphilides, should now be set aside for this Sulphur. Iodide laughs at his fears, and mocks at the silly tactics of Sulphur in such a war. Then we are introduced to the palace of Queen Eczema, wife of Herpes, who confides to her faithful attendant Acne her fears as to the future; she imagines she is losing her bloom, and is oppressed with vague fears. The news of the advance of Sulphur with Friction and Axungia causes vast alarm. Great preparations are made to resist him, but his attack is irrestible, and at length Favus, Eczema, Herpes and all their generals have to acknowledge themselves vanquished by this terrible parasite and spore destroyer.

Vinegar for the Sick Room.—The Boston *Journal of Chemistry:* There is a French legend that, during the plague at Marseilles, a band of robbers plundered the dying and the dead without injury to themselves. They were imprisoned, tried and condemned to die, but were pardoned on condition of disclosing the secret whereby they could ransack houses infected with the terrible scourge. They gave the following recipe, which makes a delicious and refreshing wash for the sick room: Take of rosemary, wormwood, lavender, rue, sage and mint, a large handful of each. Place in a stone jar and turn over it one gallon of strong cider vinegar; cover closely and keep near the fire for four days, then strain and add one ounce of powdered camphor gum. Bottle and keep tightly corked. It is very aromatic, cooling and refreshing in the sick room, and is of great value to nurses.

This is how it looks to an outsider.—The *Peoria Medical Monthly:* "The ever bright and always pertinent Michigan Medical News has a hard task on its hands, that of regulating and correcting and chastising the medical faculty of Ann Arbor, and, it might be added, defending itself from the back-kicks of said faculty. But the News needs no backer in the fight; it is always able to take care of itself. The medical department of the University of Michigan is always in hot water about something, and the best thing, perhaps, that could be done under the circumstances would be to sink the leaky old craft in Lake Michigan and begin over again. The medical public, we opine, is about tired of reading endless accounts of its squabbles, or wading through pamphlets scattered promiscuously around at meetings of various medical societies." The treatment advised by our contemporary is, we think, rather heroic. Let the old craft rather throw its Jonahs overboard. It is hinted that there is a whale in Chicago and another in Detroit which would save them from drowning.

Dr. Wm. T. Taylor reports, in the *Philadelphia Medical Times*, a case in which a delicate, nervous Irish woman gave birth to a child October 16th last, in which the glans penis was entirely devoid of prepuce. The mother accounts for the *lusus naturæ* by an impression made on her during gestation, by the sight of one child pulling violently at another's penis. She feared that the organ would give way under the tension, and became sick at the sight. There is food for thought in this report, especially for Israelites and advanced sanitarians.

Peoria Medical Monthly: "New York has a second post-graduate college. The *Detroit Lancet* thinks New York has room for forty or fifty more, and that they are a good thing. The next thing we expect to hear is that Detroit has started a few of the same kind." If the *Monthly* intends this for sarcasm, we beg to inform it that Detroit has enough material lying around to man quite a number of additional colleges with professors, and just as good professors as the average, too, although this is not a very strong recommendation.

Mr. Jonathan Hutchinson gives the following secret of a noble life: "Prize strength, love the beautiful, practice self-denial and be patient." By patience he means "not the mere passive virtue of endurance, which, indeed, is not infrequently no virtue; but rather the ability, when we have done our best, under all circumstances, to rest undespairingly and trustfully for the result."

The fastidiousness of some hospital patients is exasperating. There was one in an eastern hospital recently who wished his bed changed so that the doctor on his rounds would attend to him before caring for a neighboring patient. The only reason which he had to offer for the indulgence was the fact that the doctor had but one thermometer, and that he took his neighbor's temperature in the rectum while his was taken under the tongue.

The fifteenth cremation in the furnace erected by the late Dr. Le Moyne, at Washington, Pa., took place on the 27th ult. The remains were those of Dr. L. Ehrhart, of Alleghany City, aged 75 years. Peace to his ashes! Certainly no noisome emanations from them will ever cause disease or death in the living.

The Proceedings of the Medical Society of the County of Kings (the length of whose name, by the way, is an obstacle to frequent quotations from our excellent contemporary) has traced the origin of nerve-stretching to Philip Doddridge (1702—1751) who recommended it as a religious stimulant:

"Awake my soul; *stretch every nerve*
And press with vigor on."

Medical Times and Gazette: District Visitor: "Your boy looks very bad, Mrs. Jones; what's the matter?" Mrs. Jones: "Yes, ma'am, he be very bad; and what's more, the doctor has made him worse. I'm sure we poor people ought to pray with all our hearts 'From all false doctorin', good Lord, deliver us.' I never saw its meanin' afore."

And now comes Mr. R. Clement Lucas, Senior Assistant Surgeon to Guy's Hospital, who declares that he has seen a case in which development of the testes was prevented by the early use of tobacco. The organs attained no greater size than a French bean. This is the worst blow tobacco has yet received.

Dr. S. A. Newhall, Newton, Kansas: In my article in MICHIGAN MEDICAL NEWS, Nov. 25, page 348, first line, of next to last paragraph on the page, reads "His first conclusion is" etc., should read His *final* conclusion. And the top line of second column, page 349, reads "third, sixth or thirteenth," should read *thirtieth.*

The *New York Medical Journal and Obstetric Gazette* will inaugurate the new year by appearing once a week instead of monthly as heretofore. The *Sanitarian* will also change to a weekly. Monthly medical journals are decidedly behind the times.

Dr. Jacobi recommends closing the mouth and blowing into the nose in the earache of infants and children.

"Doctors and mackerel," says the *Boston Post,* "have this in common as they are seldom caught out of their own schools."

The taste of castor oil is said to be effectually disguised by mixing the ordinary dose in beef tea well salted and peppered.

Original Articles.

Modified Listerism in Ovariotomy, with a Report of Five Recent Operations.

BY EDWARD W. JENKS, M. D., CHICAGO, ILL.

At the meeting of the Illinois State Medical Society, held in May last, I read a paper in which were embodied my own views regarding Listerism in ovariotomy.

Since the above mentioned paper was written, I have had opportunities of carrying out in practice in several cases, the views I expressed, but as the transactions of the society* are seen only by a limited number, I offer no apology for repeating in substance some of the expressions there made use of.

The readers of this journal are all, doubtless, familiar with the discussions which have taken place in various parts of the civilized world in regard to Listerism in ovariotomy.

It is well known that Keith has ceased to rely on it as he formerly did—having virtually discarded it. At the Clinical Society of London, Lister said but a few months ago, in commenting on a death from carbolic acid, that it is too powerful to safely apply in delicate subjects. This topic was discussed at the last International Medical Congress held in London, where it was expected that Lister would speak in its defence, but he remained silent. Keith there stated that he had discontinued Listerism in his ovariotomy operations. The subject was also discussed by many distinguished operators, including some of our own countrymen. In this country there is an unsettled belief regarding its utility, and while there are some gynecologists who still adhere to pure Listerism in their ovariotomies, there can be no question that the number is less than it was two years ago.

I am convinced, as stated in the paper first referred to, that I have seen two fatal cases of ovariotomy in consequence of the use of carbolic acid spray, and hence am led to believe that a carbolized solution or spray of sufficient strength to destroy bacteria, is an unsafe agent to come in contact with the peritoneum.† While it is apparent that the adherents of pure Listerism in ovariotomy are gradually diminishing in number, there is no mistaking the fact that since Lister promulgated his theories regarding antiseptics, and carried them into practice, the mortality in ovariotomy has been greatly diminished. While the percentage of recoveries following ovariotomy has been greater since Lister introduced his system, there is one thing pertaining

* The transactions for 1882 are about ready for distribution. I have this week (Nov. 25, 1882), in reading the proof of my paper, added a foot-note referring to these five cases of ovariotomy.

† I am assured by those who have experimented in the matter, that a ten per cent. solution of carbolic acid is the weakest that can be relied on to destroy bacteria, and such a solution will be disastrous in its effect if applied to the peritoneum.

to it that is not so certain, namely: that it has been wholly due to carbolic acid. The profession has been taught by means of Listerism that one of the greatest aids to recovery from surgical operations is perfect cleanliness. All honor, then, I say, to the name of Lister, to whom not the profession only is indebted, but the whole world. Notwithstanding many distinguished surgeons have expressed themselves in strong language against pure Listerism in ovariotomy, all seem to agree that the originator is entitled to our lasting gratitude.

Without quoting from, or even attempting to name the long list of those who have thus expressed themselves, I will merely add for myself that instead of wholly renouncing Listerism in ovariotomy, I am a warm advocate of what may be termed a modified Listerism. The modified form is characterized chiefly by careful attention to perfect cleanliness. The spray can be used in the room, prior to the operation, but is not deemed of paramount importance during the exposure of the peritoneum to the atmosphere. Carbolic acid on every instrument, suture, dressing and appliance used, is of less importance than that they should be perfectly clean.

In my own practice, it is possible that I have gone further than many others in regard to carbolic acid, as I consider it such an irritant that I make it a rule to carefully exclude it from contact with the peritoneum. The fluid for the atomizer, if carbolized in the least, I do not have contain over two per cent. of the acid.

The atomizer is without doubt of great benefit, if for no other purpose than to render the atmosphere of the operating room in a more favorable condition for exposing the peritoneum, and for this purpose pure water or a two per cent. solution of carbolic acid will suffice.

I can better illustrate the modified Listerism I have used in my ovariotomies, by referring to recent operations—five in number. Of these five one was unsuccessful. At least three of these may be classed as complicated, and hence, serious cases. For the sake of brevity many matters not pertinent to the subject will be omitted, but there will be given an account in outline of the steps of each operation, and afterwards a summary of the treatment, etc., used in the whole number.

Case 1.—Mrs. M., æt. 36, of N., Mich., when she entered the hospital the last of April, stated that she had been tapped twice, but was unable to say how much fluid had been drawn off at either time. She was then suffering considerable pain through the abdomen, with daily rigors and fever, which I thought might be of malarial character.

I aspirated the tumor for the purpose of examining its contents microscopically. The fluid was found, by my friend Dr. Mercer, to contain fully fifty per cent. of pus.

This being the second suppurating cyst I had ever met with, and having been led by past experience to believe that delay would not lessen the constitutional symptoms, I decided to operate as soon as possible.

Preparatory treatment for a week consisted of daily warm baths followed by inunction and full doses of quinia and iron. The night before I operated her temperature was 102°.

The morning of the operation ten grains of quinine were administered per rectum. The room was thoroughly filled by the carbolized vapor (two per cent) by means of an atomizer. Every attention was paid to cleanliness. The ligatures were not carbolized, but clean and well waxed. The spray, during the operation, was not directed towards the patient's abdomen, but, more from oversight than any other reason was in operation in one corner of the room. The anterior portion of the tumor was so firmly adherent that to detach it was a long and tedious process; there were but few other adhesions and they were easily detached. The pedicle was secured by means of waxed silk, cut short and dropped back. The abdomen was not closed until there was a certainty of the cavity having been thoroughly sponged out and that there were no bleeding points. The tumor was multilocular and was estimated to weigh over thirty pounds. The wound was closed with silver sutures and dressed antiseptically.

This patient made a rapid recovery. Whenever any rise in temperature occurred, from ten to fifteen grains of quinine were administered, either hypodermically or per rectum. At no period of her convalescence did she experience so much discomfort as during the night previous to the operation.

Case 2.—Mrs. O., æt. 50 years, was sent to me by Dr. Muth, of Sheboygan, Wis. This patient was put on the same preparatory treatment as in the preceding case, and on the day of the operation, April 22d, 1882, ten grains of quinine were administered per rectum. The operation was made in the presence of about twenty-five physicians. The room was carbolized by the atomizer, the solution, however, containing only two per cent. of carbolic acid.

There were no particular complications, except adhesions to the omentum, requiring ligation and cutting away of one-fourth of it. No carbolic acid was allowed to enter the peritoneal cavity, nor were the ligatures carbolized, but perfect cleanliness was aimed at. The assistants were each required to wash their hands thoroughly with soap and water by means of a nail brush. The abdomen of the patient was also washed with soap and water, and wiped dry prior to making an incision. The pedicle was ligated with silk, both ends cut short and dropped into the abdomen. Especial pains was taken in sponging out the cavity, that not a drop of blood should be left.

The tumor weighed thirty-nine pounds. Silver wire was used to close the abdominal incision, over which were placed the usual antiseptic dressings, held in place by a flannel bandage.

The after treatment consisted of sufficient morphia to control pain. The temperature was kept down by quinia. During the first week all nourishment was given per rectum.

Case 3. Mrs. B., æt. 29, of H., Mo., was referred to me by Dr. West, now a resident of Monroe, Mich. She had been seen by a number of physicians of repute, and by some of them the case was not considered a favorable one for operation, as the tumor was believed to be extensively adherent.

The usual treatment, as in preceding cases, was prescribed for a week prior to operating. The patient was placed in a private house, temporarily fitted up as a private hospital. I operated May 18th, assisted by Drs. West, Newman, of Chicago, Mitchell, of Iowa, McLean, of Tilsonburg, Ontario, and others. The condition of every instrument and appliance that might possibly be required was made as clean as possible. The spray, with a two per cent. solution of carbolic acid, was used in the room for an hour previous to operation, so that the atmosphere of the room was very humid and of high temperature.

The adhesions were extensive and in every direction, the tumor being adherent to the abdominal walls over nearly its entire anterior surface, to the uterus, bladder, intestines and liver.

The detachment from the liver required the most careful manipulation, but fortunately it was done without injury to that viscus. The pedicle was ligated and other procedures in the operation done as already described. Several bleeding points were secured by silk ligatures and oozing surfaces treated by hot water; but one bleeding locality could not be secured by either of these methods; that was from the abdominal wall near the liver, where the tumor had been firmly adherent. This bleeding surface, of an area as large as the palm of the hand, to which ligatures could not be applied, and hot water would not check, I finally controlled by passing a needle armed with a strong silk ligature from the outside into the abdominal cavity across the oozing surface described, then bringing the needle outside, and by means of the ligature, tying in a fold this portion of the abdominal wall. The bleeding was effectually stopped, and at the end of twelve hours the ligature was removed without doing harm, but good, instead. This patient made a speedy recovery. The carefully kept record shows that several times when there was a rise in the temperature, quinia in ten-grain doses caused it to descend to the normal point.

Case 4. Mrs. S., æt. 38, of G., Ill. This patient was not seen by me until I was called to her residence by telegraph to perform ovariotomy, June 25th. The patient seemed in good condition, and everything looked favorable for her recovery. The usual steps in the operation, as already described, were taken, except that no spray was used. I have never taken more pains to see that everything used about the patient was in a state of perfect cleanliness. The instruments were washed in carbolized water, and after the operation, antiseptic dressings were applied. The tumor weighed about fourteen pounds, and had no adhesinos except some slight ones in front.

The weather was exceedingly hot, and at the moment when I was about to secure the pedicle there came one of the most terrific thunder storms I have ever witnessed. The room became so dark that lamps were necessary to even see the patient, and in such a dim light as can be better imagined than described, the operation was completed.

She rallied well, and when I left her, eighteen hours after the operation, seemed in a fair way to recover, yet I could but feel apprehensive as to the result unless there should be a change in the weather.

Unfortunately the change did not come until too late to be of service in this case. The thermometer ranging from 90° to 95° F., with frequent thunder storms continued for several days. This was at the time when all through the west there were cyclones, tornadoes, and thunder storms of daily occurrence. The patient died the third day after the operation, and from all I can learn, I can but believe that the result was attributable to the condition of the atmosphere.

Case 5.—Mrs. H., æt. 52, of Oconto, Wis., first consulted me March 2, 1882, bringing a letter from her physician, Dr. O'Keefe, of the same place.

The tumor was then quite small and the patient had such a dread of an operation that I advised her to return home, at the same time saying that in all probability ovariotomy would be necessary some time. After a time I was telegraphed for, to come to her residence and remove the tumor. On my arrival (May 27th) I found her in a very feeble condition, with the abdomen greatly distended. She was so feeble that an examination caused syncope, and hence the operation of extirpation of the tumor was indefinitely postponed. But there was so much œdema of the lower limbs, and dyspnœa, that it was decided to risk tapping the cyst. I had no aspirator nor could one be obtained before my return home. I accordingly tapped with a small trocar and drew off twenty-six pounds of fluid. This was much better borne than we expected. She began at once to improve in strength, and in a few days was about the house.

Six weeks later, Dr. O'K., again tapped the tumor and drew off nearly as much fluid as in the first instance. It was not believed by either Dr. O'K. or myself that the operation of extirpation would ever be performed, and so what was done was considered as merely palliative. I was accordingly greatly surprised to receive a message to come to Oconto, and remove the tumor, which was accomplished August 16th. The weather being cool, the room was heated with a stove and then filled with warm vapor by means of the atomizer and so kept during the operation: this I consider fortunate in view of the fact that the peritoneum was exposed to the air an unusually long time.

Believing the bladder to be adherent, I made the exploratory incision a little below the umbilicus, and even then barely escaped wounding the bladder, as its adhesion to the tumor had caused it to be thus elevated.

The adhesions is this case surpassed any I ever encountered before in number and extent. The tumor was adherent to the abdominal wall, the bladder, uterus, mesentery, intestines* and omentum.

The detachment of adhesions required a long time, the most difficult ones being the intestinal and mesenteric. Owing to so many adhesions there was persistent bleeding from many points. To these, ligatures were applied in greater number than I ever used or witnessed before.

There were upwards of thirty, including those used on the pedicle, of which none were carbolized but all had been in boiling water, speedily dried and then waxed. We ceased counting the ligatures after thirty had been used.

The tumor weighed thirty-five pounds. After closure of the abdominal incisions the usual antiseptic dressings were applied. I remained with the patient the day following the operation, after which she was left in charge of Dr. O'Keef, of whom I cannot speak in excessive praise.†

This seemed to be one of those cases where a drainage tube was demanded owing to the great number of adhesions, yet as every point seemed to be secured, and the cavity so thoroughly wiped out, it was thought best not to insert one.

The patient was fed and stimulated almost wholly by rectum for fourteen days. I felt greatly encouraged about her recovery, owing to the fact that twelve hours after the operation there was a passage of intestinal flatus. This is an invaluable prognostic sign following the operation.

August 28th I received a telegram from Dr. O'K. stating that the patient showed signs of septicæmia. I replied that if the symptoms did not very soon yield to quinine and stimulants, he had better open the wound and wash out the abdominal cavity. He prepared to do so, but soon after the treatment was instituted she began to improve and without further drawback gradually recovered.

Successful ovariotomies are now so common that the reports of ordinary cases possess no particular interest for the profession, hence I have aimed in the foregoing brief record to mention only what may be termed the most important points. I have stated that I avoided the admission of carbolic acid to the peritoneal cavity, and yet had a carbolized spray in the room. It is true that in this way some of the carbolic acid may enter the peritoneal cavity, but it is in so small an amount as to differ altogether from the playing of a spray directly towards the abdomen of the patient.

Of the foregoing cases all were treated antiseptically, yet not after the method of Lister. Although the spray was used its chief advantage was in rendering the atmosphere humid, as, being only a two per cent. solution, it could not destroy bacteria.

When I have used the ordinary solution by the atomizer, my own hands have been rendered almost useless by the continuous action on them of the carbolic acid, and the peritoneum of the patient whitened by it. It looks reasonable, then, that so delicate a membrane as the peritoneum must be seriously damaged by carbolic acid when a five per cent. solution produces such effects. There may be advantages, even in a weak solution, of which we have no knowledge, and therefore regret that I did not use it in the fatal case, yet do not believe in this instance it would have caused any other result.

I can see no objection to using a five per cent. solution in the room prior to an operation. It may even be well to have a stronger solution atomized on the persons of the assistants and spectators, or even the surgeon himself if there is reason for thinking they may be media for conveying infection; but I must continue to enter my protest against full Listerism on account of the poisonous effects of a strong solution of carbolic acid on the peritoneum, and I believe that while we may carbolize the room and spectators prior to operating, we should carefully exclude carbolic acid from the peritoneum, whether by spray, instruments, sutures, sponges, or the hands. Cleanliness is of greater importance than carbolic acid.

I had written the foregoing, when it occurred to my mind to refer to the paper written by my friend, Dr. Englemann, of St. Louis, entitled "Difficulties of Ovariotomy," and published in the *American Journal of Medical Sciences* for April, 1882, which I read at the time of its appearance, but had not since seen. The paper is an admirable and instructive one, and I heartily endorse its teachings. It concludes with some "points" which he urges on his readers, from which I select the following as pertinent to my subject: "Avoid routine Listerism, and especially the carbolic acid spray over the hands of the operator and into the abdominal cavity." "Cleanliness, not carbolic acid, is necessary" "Keep sponges clean and warm, but not carbolized." "Ligatures, sutures and instruments should be clean but not carbolized."

In connection with the subject of Listerism, there is another material besides carbolic acid for which in the outset great things were claimed, viz.: Catgut, as a material for ligatures and sutures. My own views regarding this material in obstetrical and gynecological surgery have been heretofore expressed in several papers. A translation of one which was written for a foreign journal* was published in the NEWS in 1878. In that paper I gave reasons sustained by facts showing that catgut possessed no advantages in the peritoneal cavity over silk, but on the contrary had been in many instances a positive damage. While catgut may be serviceable

*The adhesions to the intestines were quite similar to a case described in the British Medical Journal, Oct. 28, 1882.

†It is quite important that I should also refer to the preparatory treatment in this case. This had been carried out by Dr. O'Keef in accordance with the plan recommended in this paper for several weeks preceding the operation; consequently she was in much better condition than at my previous visit.

**Archives de Tocologie*, 1878, *p.* 108 "*Sur les sutures de l'uterus dan l'opération Césarienne, par Dr. E. W. Jenks.*"

in general surgery as in stumps after amputation, and in other parts of the body it should not be used in ovariotomy, as the tying of a knot securely is not only difficult but the material being apt to stretch on account of the moisture of the peritoneal cavity is rendered worthless. Further I have observed in post mortem examinations where catgut had been previously used in the peritoneal cavity, that it is not less inocuous than silk. I am therefore led to the firm belief that there is no better material for ligatures or sutures than clean non-carbolized silk.

There are many other matters of interest relating to the preparatory and after treatment of ovariotomy patients, the consideration of which must be omitted from this paper as they do not strictly come within its scope. There are some points, however, bearing upon the prophylaxis of septicemia (doubtless the most frequent cause of death following the operation) to which brief allusions will be made. I heard not long since a gentleman of repute as a surgeon gynecologist say in quite a boastful manner, "I never give a dose of medicine to my patients until symptoms clearly demand a remedy—nothing to prevent disease—not even a dose of quinine in my ovariotomy cases to prevent septicemia or for any other reason. When there are symptoms of septicemia, then I give it." Is there not danger of carrying our contempt for drugs too far in these days when "dosing" is so vigorously assailed? As I consider the prophylaxis of disease one of the most important functions of the medical profession, I differ most decidedly from my friend just quoted. The majority of ovariotomists are aiming to prevent septicemia when they prescribe baths, inunctions, tonics, and other remedies in preparatory treatment. As quinia is considered the remedy *par excellence* in the treatment of septicemia, why not administer it as a preventive? In all of my ovariotomies for the past three years, when I have had control of the preparatory treatment, I have given quinia freely for the week preceding the operation, and ten or fifteen grains within an hour of beginning it.

Further, when, after the operation there has been a rise of temperature, I have administered quinia either hypodermically or per rectum, with markedly good results, being guided in the amount and frequency by its effect. For hypodermic use, the bisulphate is preferable, on account of its ready solubility in water, and consequently lesser liability of causing abscesses.

To obtain success in the greatest number of cases (without taking into consideration the selection of patients), operations should not be made in general hospitals, nor at long distances from the surgeon's residence, as he then is often of necessity obliged to intrust patients to the care of inexperienced and untrained attendants and nurses.

In support of the foregoing: First, sufficient evidence is found in the statement recently published in the medical journals to the effect that the first successful ovariotomy in Bellevue Hospital, New York, is of a very recent date—only since the completion of a new pavillion, where it was performed. Second, the reader is referred to statistics and remarks relating to the late Prof.. Peaslie's ovariotomies, published in the *American Journal of Obstetrics* for October, 1882, where it is shown that the large percentage of fatal cases were greatly owing to operations made far from his own home and leaving the patient to the care of others, thus really having nothing personally to do with either preparatory or after-treatment. The best places for ovariotomies are well-regulated private hospitals, with well-trained nurses and attendants, or private houses for the time being practically converted into private hospitals, with the same kind of nurses and attendants. The advantages of such arrangements cannot but be obvious, and certainly require no lengthy argument in their behalf.

170 State St., Chicago, Ill.

Scorbutus—Scurvy.

BY E. HALSEY WOOD, M. D., HERSEY, MICH.

In his testimony before the Jeannette Board of Inquiry, Chief Engineer Melville said: "In the history of Arctic research there has only been one ship that has been free from scurvy. This was the Jeannette."

That is a most remarkable fact. To me, however, it is more; it is a striking co-incidence.

In this way: When the Jeannette was lying in the harbor of San Francisco in the summer of 1879, I wrote to the surgeon of that vessel suggesting the use of the bromide of ammonium as a preventive of scurvy. I explained my views of the nature of the disease and of the action of the bromide and predicted that if he would use the remedy in accordance with those views, his company would be free from scurvy. I stated that in my opinion his medical equipment would be incomplete with less than fifty pounds of the bromide of ammonium. I have, of course, no means of knowing whether the surgeon of the Jeannette acted in accordance with my suggestion or not. But the fact that his ship was free from scurvy and was the only one in the history of Arctic exploration that has been, affords me at least a ground for presumption that Surgeon Ambler acted upon my advice and employed the remedy as I directed. His records or the records of the expedition may yet disclose the supposition to be a fact.

In this connection it seems appropriate to present my views of the nature of scurvy, from which it will be apparent that the remedy I have mentioned is the true one for the disease.

Various hypotheses have been propounded to account for the phenomena of scurvy and mostly based upon a humoral pathology. The blood has generally been supposed to be at fault. "There can scarcely be a doubt that its essential character is an altered state of the blood, and that all its phenomena flow directly or indirectly from that source."—[Wood, G. B.

"Scorbutus is not a disease of the fluids, but of the solids; its seat is in the muscular fibre; its proximate cause consists of a gradual diminution of the vital power."—[Milman, 1782.

Diversity of view has prevailed in relation to this disease as well as regards many others, but according to the best authorities there has remained an "unknown element" which has not been defined. The reason of this must of consequence be that no theory yet proposed has correctly and satisfactorily accounted for all the phenomena of the disease.

If now the ganglionic theory be applied, it will be found to make plain the nature of scurvy. According to this theory it is a congestive disease, and is due primarily to gangliasthenia. The form of ganglionic depression is due to the particular environment of the individual. The form of passive congestion resulting is strictly in accordance with the nature of the gangliasthenia. The consequences of the passive congestion—changes in the character of the blood and of the relation of the blood to the vessels—occur in exact harmony with the antecedent congestion, and the nosological shape assumed in scurvy. It is then a ganglionic disease. Its "unknown element"—unknown no longer—is gangliasthenia. It is a noteworthy fact in the history of scurvy that it has never been attributed to a specific poison; and this is singular, too. Another feature is the paucity of medicinal remedies recommended for its treatment. These can be counted on the fingers, the latest of them being the binoxalate of potash. At the same time fresh fruits and vegetables are all-sufficient, both to prevent and cure the disease. The virtues of lime- or lemon-juice are well established as a specific for scurvy. Yet the disease has appeared among crews that were abundantly supplied with all kinds of preserved meats and vegetables, besides having plenty of lemon-juice. An instance of this nature occurred on board the "Adventure and Beagle" in 1828.

In those cases where scurvy breaks out under what appear to be favorable conditions as regards food, the disease is attributed to excessive moisture of the atmosphere and to mental depression. A desire for land or homesickness seems to superinduce the disease and in a certain degree complicate it. Nostalgia, it would appear from this, is an allied or ganglionic disease.

The "Jeannette" was without doubt plentifully furnished with the best quality of canned goods that could be purchased. Some of these, however, it is reported, were spoiled, and by some the crew were affected with tin poisoning. And yet the crew was free from scurvy, notwithstanding the long time they were confined in the ice and the depressing circumstances of their existence. In view of all the facts, I am strongly of the opinion that in all probability Surgeon Ambler employed the bromide of ammonium as a preventive of scurvy on board the "Jeannette." If it can be shown in any way from the records that he did so, it will confirm my view of the nature of the disease, and will furnish to the medical profession a sure means of preventing it whenever it may show itself. This would be a valuable contribution to science, not alone for its aid to the cause of Arctic exploration, but for the relief of humanity, wherever scurvy might prevail.

[Reported by E. E. Sloman, Medical Student.]

Infantile Convulsions.

CLINICAL REMARKS BY PROF. HAL. C. WYMAN. M. D., MICHIGAN COLLEGE OF MEDICINE, DETROIT.

The mother of this little child tells us that it is restless day and night. This she attributes to its teething. This is a case with which all should be familiar. It is that of a child, fourteen months old, living in an open part of the city, and with good hygienic surroundings. Its parents are Scotch; both living, enjoying good health, and having several other children, besides this one, all being in good health.

Looking into its history, I learn it is that of a child enjoying the usual health and having had the illnesses peculiar to its time of life. I would enjoin you to commit to memory every phase of this case. It may be just such as these that shall test your ability as physicians. And it may be just such a case as this that will open your way to the esteem and respect of the mother, or, on the other hand, destroy what confidence she may have learned to repose in you as the new doctor. The mother tells us that it nurses poorly, and that at long intervals; and also that the stools are of a yellowish-green color and of little consistency.

We will now examine the baby's mouth. He screams and kicks and his jaws are set. The mother chides him, and if we are not careful we wil lose much valuable time in trying to coax the little one to show its tongue. Now we will overcome this little difficulty by pushing our finger backwards, as you see, between the cheek and jaws, upon the pterygo-maxillary ligament. The mouth is opened and the tongue protruded. You notice that the tongue has a slight coating, and also that the child has cut one tooth. You also notice the swollen and dry appearance of the gums. I shall speak of the latter later on. (Here followed a number of questions and answers as to the order in which the teeth are cut.)

Now, gentlemen, I desire to call your attention to the drawn appearance of the upper lip and to the depression of the angles of the mouth. This, nine times out of ten, you will find indicative of some disease in the alimentary canal; as when you find dilatation of the nostrils, it is indicative of some disease of the respiratory passages, and, according to certain French writers, a corrugated forehead is expressive of disease of the nervous system.

There is nothing I could recommend as better drill for a young student than to study the lines of expressions in the face of an infant. Watch the the lines succeed each other as the different emotions are expressed on the face of this little one. Listen to its peculiar moan, more indicative of its sufferings than any language can express. Watch

its eyes as they move from face to face. Note how nervously it starts when approached, as though it smelled the battle afar off. Learn these lines and curves and the troubles of which they are the symptoms, and they will save you a vast amount of trouble later in life. Now, although the mother has not yet spoken of it, yet by a single glance at the face of this little one, I can see that it is subject to convulsions. If you have learned the lines and expressions of which I have just spoken, you will not hesitate before arriving at the same conclusion, even from seeing the face of the child across the room.

Now, supposing you were called, in the middle of night, to see a child in convulsions. You would not delay your visit, because, among other reasons, nine times out of ten, unless you are fleet of foot, you will find on reaching the house that the child has come out of the convulsions as quickly as it got into them. [Laughter.] But, assuming that you have arrived in time to find the convulsions still continuing, what will you do? Place the little one, just as soon as possible, in a bath as hot as it can bear. This done, you will be surprised in the great majority of cases to find how soon the convulsions will cease.

A few words in regard to the gums of this child: It would not be a bad idea to lance them a little, but not in the way it is popularly supposed that it should be done. Do not cut directly down on the tooth with the idea that the trouble is due to the upward pressure of the tooth, and that the moment your knife touches its crown it will pop up and out into view. Rather cut down a little to one side, with the view of relieving the intense congestion.

Selections.

THE CONTAGIUM OF GONORRHŒA.—By C. R. Drysdale, M. D., M. R. C. P., London, and published in the *Medical Press*.

Dr. Elkune, of Stockholm, has sent me a manuscript in French, on the microscopic organisms seen in gonorrhœa. In order to arrive at some conclusion about this curious point in contagion, Dr. Elkund has made many microscopic examinations of gonorrhœal pus, and also of the most superficial layer of the mucous membrane of the navicular fossa, which latter he removed by means of a small knife, used for microscopic dissections, which he introduced into the canal of the urethra to the length of about two or three centimeters. He studied this latter preparation in its natural state, being convinced, from experience, that this was the best way to avoid false conclusions. Sometimes he added a little acetic acid or solution of analine, as, for example, fuchsine, and also carmine, etc.

In the first place, he always found the gonococcus described exactly by Neissen, the diameter of which varies from less than 0.1 to 0 5 mm., and larger. These are as brilliant as pearls. The whole of the round cells called pus, are full of these, and they are also found in innumerable quantities in the inter-cellular liquid. Sometimes they move rapidly, sometimes they are united like a figure of eight, which, according to Neissen, proves that their pullulation takes place by scisson. When tinged with analine violet it is seen that the gonococcus is a flat plain disc, not a spherical ball; but Dr. Elkund cannot agree with those who maintain that these microbions represent the only specific part of gonorrhœa, since he has found similar and probably indentical ones in acute and chronic disease of the intestines and lungs, and in ulcerative stomatitis. Generally he thinks it the common office of these organisms to produce acute inflammation with desquamation of the epithelial cells, and the formation of pus cells which are filled by them. Indeed, these organisms represent troups of miners in pathology. Long ago the same writer found that in cases of gonorrhœal cystitis, the cells of pus from the bladder were, as a general rule, furnished with appendices, either filiform or gemmiform. The pus and exudation of the inflamed mucous membrane of the urethra contain, without exception, a beautiful network of mycelial filaments. The principal filaments of the organism in question, which Dr. Elkund calls *ediophyton dictyades* have a transverse diameter of precisely 1 mm., and are perfectly clear and hyaline. These filaments anastomose with each other at all angles. The mycelial tubes here and there have complete networks of swellings, the limiting lines of which are either regular or very sinuous. The parasite in question, like all similar, is gifted with the power of propagation by the simultaneous lengthening of an immense number of mycelial filaments or fragments of secondary ramifications of those which preceed along the superficial layers of the mucous membrane, and which enter into the glands of Littre, Cowper, etc. It is truly exceptional for this little organism to burrow, like the one seen in diphtheria, so as to produce a general infection, for the firm fibrous tunic surrounding the urethra forms a solid rampart to prevent the advance of the mushroom, and the organic resistance of the patient is generally greatest at the epoch when a man contracts gonorrhœa.

As a general rule, the ramifications of the mycelium run most along the surface of the mucous membrane of the urethra, the fundus of the bladder, the ejaculatory ducts, the seminal vessels, and deferent canals, etc. In cases of chronic catarrh of the lungs after gonorrhœa, Dr. Elkund says he has noticed the gonococcus of Neissen, and the microbion just described in the sputa. He says that it is well known that in the urine of scarlatina patients there are found filaments of mycelium long and hyaline, and alleges that in cases of female patients such urine may set up gonorrhœa in the vagina; and he has constantly found the same mushroom in the gonorrhœal discharges of women.

Dr. Elkund says that in all his microscopic examinations of the pus, and superficial layers of soft sores he has found the gonococcus of Neissen and the *ediophyton dictyades*. He, therefore, believes the virus of soft chancre and that of gonorrhœa are identical. It is only, he puts it, the difference of the affected localities which cause the difference in symptoms, a solution of continuity being necessary to produce a soft sore. Surely, this is not worth alleging without experiments, and, as a rule, experiment flatly contradicts the assertion of Dr. Elkund.

The author also says that the microbions of balano posthite consists in the Douglas cul-de-sac of women, and may give rise to grave peritonitis in some cases.

Dr. Elkund made some microscopic experiments on various therapeutic agents commonly used in gonorrhœa. Saturated solution of borax did not seem to influence the organisms. A solution of perchloride of mercury had but little effect on them (one in ten); but the tincture of *Eucalyptus globules* had a

good deal of power in causing the movements of the gonococcus to cease.

He has succeeded in curing patients, after disappearance of the acute stage of gonorrhœa, by means of cold sitz baths and injections of solutions phenic acid, or chloral hydrate; one to six hundred of the first, and one in 150 of the second; give at the same time copaiba and cubebs. He found that in convalescence from gonorrhœa the gonococcus first disappeared from the urine. The ediophyton are very difficult to be got rid of.

The conclusions of Dr. Elkund then are: 1. Diagnosis. The elements of diagnosis in gonorrhœa are comprised in the discovery by microscopic examinations of the presence of the gonococcus of Niessen and of the *ediophyton dictyades* in the pus which is examined. As to prophylaxis, extreme cleanliness is enjoined to prevent fragments of the latter entering the passages.

Treatment.—Introduce as soon as possible into the urethral canal of the male, as deep as from three to six centimetres, a bougie covered with carbolized oil, and made of iodoform and ten drops of essence of *Eucalyptus globulus* with cocoa butter 2.5 grammes, which is then allowed to liquefy in the canal. Excoriations he recommends to be touched with a hair brush dipped in a solution of iodoform in essence of eucalyptus (one in ten).

The cure will follow in proportion as the microscopic organisms can be killed by this treatment. The remedy recommended by Dr. Watson Cheyne, viz., of bougies, as above mentioned is an excellent remedy, according to Dr. Elkund.

I have no means of saying how far Dr. Elkund is right in his assertions as to the presence of peculiar microscopic appearances in gonorrhœa, but there seems a possibility that it is so. I do not agree with him, however, when he talks of the identity of the virus of gonorrhœa with that of soft chancre, for I have not been able to produce the latter on patients by inoculating them with gonorrhœal pus. Syphilis eventually will, in all probability, be found also to have some special germs.—*Cincinnati Lancet and Clinic.*

Intrauterine Vaccination and the Vaccination of New-Born Children.—Dr. Behm, Berlin, in *Zeits. f. Geburtsh. u. Gynäk.*: Since Spitz and Albrecht have shown that the spores of intermittents may enter the fetal circulation, the placental membrane can no longer be regarded as a perfect filter for organized contagions, but its effects in this direction must be studied in regard to each individual virus. In regard to the possibility of the vaccine virus being transmitted from mother to child, opinions have been much divided. Bollinger, especially, has claimed that "in the majority of cases" a successful vaccination of the mother renders the child immune. The author analyzes his proofs and finds them insufficient. Burckhardt, Gast, and others, came to the conclusion that this was only *rarely* the case.

The author has made a series of very carefully-conducted experiments which we may summarize as follows: Forty-seven women were vaccinatad by the sub-epidermoidal method, the subcutaneous or intra-venous not being considered reliable. The children of thirty-three of these, in twenty-nine of whom the vaccination was successful, were also vaccinated. Of these thirty-three, twenty-two were in the tenth month, ten in the ninth, and one in the eighth month of pregnancy. The author argues, from analogies with variola, that vaccination up to three weeks before confinement should have as much effect as when done earlier. Of the thirty-three children, twenty-five were successfully, and eight unsuccessfully vaccinated. Of these eight, in six cases the lymph was shown by control to be poor, while the other two cases seemed to surely be examples in which the vaccination of the mother had extended its protecting influence to the child. In some cases the mothers had from ten to twelve well-developed pustules, and the children, when vaccinated, the same number. This seems to show that intrauterine vaccination is possible, but rare.

Two other interesting questions arise: Has vaccination any bad effects; first, on a pregnant woman, and second, on a new-born infant? The first is to be answered by a decided no; and, when we consider the dangers both to mother and child from variola, the necessity of the protection is seen. In regard to the second, the author strongly recommends the vaccination of children a few days after birth instead of at the end of a year. When we consider the danger of variola to which infants may be exposed this is important. The author claims:

1. That there is at this period no febrile reaction.
2. That there is very slight sensitiveness to pain.
3. That nourishment on the breast renders the disturbance of digestion less likely than later, after weaning.
4. The period of dentition is avoided.
5. The children are earlier protected from variola.

His conclusions, therefore, are, that intrauterine vaccination is possible, but rare; that pregnant women should be vaccinated as early as possible, and that it is better to vaccinate children soon after birth than later.—*American Journal of Obstetrics.*

Iodoform in Enlarged and Ulcerated Tonsils.—Dr. Henry describes (*New England Medical Monthly*, June 15) a number of cases of hypertrophy and ulceration of the tonsils, which he says he has cured by the use of iodoform in the form of spray. He was thus able to get the local effects of a strong solution, made by dissolving the powder in ten parts of strong sulphuric ether. He says that the value of iodoform is now conceded by all those who have had any experience in its use in this class of affections. The difficulties in depositing it on the surface of the glands have deterred many from adopting it in every-day practice. In powder it is easily deposited over the surface of a wound, or an etherial solution can be passed over a surface that is exposed to the air; but this is difficult in the case of the tonsils and pharynx, and especially the posterior portion of the tonsils. The use of very strong specially constructed spray-tubes, and ths use of compressed air, with a very heavy pressure, appear to be necessary. Three such tubes are essential—one turned downward, one straight, and the third turned upward. With the first, the larynx and surrounding lower parts can be treated; with the straight tube the middle part of the throat, pharynx, fauces, palate, and anterior portion of the tonsils can be sprayed. The posterior portion of the tonsils can only be sprayed with the tube with the downward curve. To do this well, the patient must be artificially excited to the effort at retching. By so doing the tonsils are turned forward and sideways, thus enabling the operator to pass the curved tube behind the posterior portion of the glands. In some, this effort at retching is involuntary, on the slightest provocation. It can be easily induced by tickling the palate with the end of the tube. The deposit of the iodoform with the apparatus described is almost

instantaneous, and is easily controlled, and can be directed to any spot. With the first expiration of air following the withdrawal of the tube, the ether is evaporated and expelled, leaving the iodoform well impressed on the glands and surrounding mucous surfaces. The coating is of a pale yellow color, and with the evaporation of the ether all unpleasant sensation is removed. The slight pungent taste and odor of the ether pass off entirely with a few fresh inspirations and expirations. Care must be taken with the tubes, for they are easily filled up with crystals that are difficult of removal. When the iodoform is first exposed to the action of the ether in the proportion mentioned, it is perfectly soluble. When the ether has been evaporated, the remaining iodoform in the tubes crystallizes, and is not again soluble to the same extent.

Removal of Warts.—Dr. Unna, of Hamburg (*Monatschrift Prakt. Dermat.*, 3, 1882), had a young girl under his charge, whose dorsal surfaces of both hands were the seat of over a hundred warts, daily more making their appearance. He made on gauze tissue a plaster mass, which contained 10.0 grm. arsenic and 5.0 grm. of mercury. This was kept on during and night. Two weeks later all warts had disappeared and the healthy skin was seen. The cure here is not established by necrosis and dropping off of the excresences, but like nature's spontaneous cure, by resorption.

We ourselves used to make cauterization our main treatment for the removal of condylomata. A year ago, a patient came to us, who, besides suffering from icterus, due to catarrhal inflammation of the bile ducts, were affected with condylomata also. As the latter were very large, preventing the prepuce from being drawn forward, their removal was desirable. They gave rise to an annoying itching and to a fetid odor. Not wishing to operate on them while the patient still had the jaundice, we told him to dust the parts daily with:

℞ Hydrarg. muriat. mit.....3 j
Acid. borac. pulver.....gr. x.

M. Fiat pulvis.

And were not a little astonished to find three weeks later not a sign of them left. They were all absorbed. Since then we have often had occasion to use this powder, and invariably with the same good success.—*Med. and Surg. Reporter.*

Picric Acid, New Test for the Detection of Albumen in Urine.—Dr. George Johnson, F. R. S., of London, is now using picric acid for the detection of albumen in the urine. This test was suggested to him by his son, Mr. G. Stillingfleet Johnson, who has long labored at chemical research, and believes that the test is free from fallacy. A saturated solution of picric acid has a specific gravity of 1003, and immediately coagulates any trace of albumen which may be present in the urine to which it is added. The delicacy of the test is strikingly demonstrated when slightly albuminous urine is poured on to the surface of nitric acid and the picric acid solution is added on the surface of the urine. An obvious advantage of the test is that the powdered picric acid may be so conveniently and safely carried in the pocket reaky for the immediate and efficient examination of any urine suspected of being albuminous. It is only necessary to throw some of the powder into the suspected urine while it is warm, and to agitate slightly, in order to produce an obvious cloudiness if any albumen be present.

Formulary.

EXPECTORANT MIXTURES IN BRONCHITIS.

℞ Carb. of ammon.....3 i.
Fl. ext. of squills.....
Fl. ext. of senega.....ää 3 ij.
Paregoric.....ʒ iss.
Water.....ʒ i.
Syr. of tolu.....ʒ v.

M. Dose from three to four teaspoonfuls as may be required.

℞ Muriate of ammonia.....3 ii
Ext. liquorice pulv.....3 i.
Mucilage of gum arabic.....
Water.....ää ʒ iij.

M. Dose. A tablespoonful every two or three hours.

℞ Iodide of potassium.....3 iiss.
Syrup of tolu.....
Glycerine.....ää ʒ ii.
Sulph. morphia.....gr. j.

M. Dose. A tablespoonful once in four or six hours.

℞ Wine of antimony.....ʒ ss.
Fl. ext. senega.....
Sweet spirits nitre.....ää ʒ i.

M. Dose. One to two teaspoonfuls as required.

℞ Syrup of ipecac.....
Syrup of squills.....
Paregoric.....
Sweet spirits of nitre.....ää ʒ i.

M. Dose. From one to three tablespoonfuls as required.

AN APERIENT AND SEDATIVE.

℞ Mucilag. tragacanthæ.....ʒ ii.
Aquæ cinnamomi.....ʒ iii.
Olei ricini.....3 xii.
Tinct. rhei.....
Syr. aurantii.....ää 3 vi.
Tinct. opii.....min. xxx.

M. Sig.—One-eighth part every three hours.

LAXATIVE FOR GOUTY AND RHEUMATIC SUBJECTS.

℞ Pulv. rhei.....
Sodæ bicarbonat.....ää gr. xx.
Infus. rhei.....ʒ i.

Make a draught to be taken early in the morning with two or three tablespoonfuls of water twice or thrice a week.

IN DYSPEPSIA WITH NAUSEA, CONSTIPATION AND A DEPOSIT OF URATES IN THE URINE.

℞ Ammon. carbonat.....gr. xxxiv.
Fel. bovini purificat.....gr. xxxvi.

Make a mass, divide into twelve pills, silver them, and order one to be taken three hours after each of the principal meals.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. V. DETROIT, DECEMBER 26, 1882. No. 24

Editorial.

As announced elsewhere, I have disposed of my proprietary interest in the MICHIGAN MEDICAL NEWS. Subscribers who are in arrears will confer a great favor, and assist me in closing up my accounts, by a prompt remittance. It is not necessary that another statement be sent. Reminders of this nature have already been sufficient as to number. I hope that this last opportunity of "dunning" through this medium will not require to be supplemented in any case by any other method.

J. J. MULHERON.

Adieu the "Michigan Medical News."

Tempora mutantur et nos mutamur in illis, is a fixed fact of human life. It becomes both the man and the journal to recognize facts and to place himself and itself in proper relation to them. Such accommodation of one's self to his environments necessitates change, and the person thus changing by no means lays himself justly open to the charge of changeableness. Change of this nature is the change of evolution. It is only fossils which do not change.

The MICHIGAN MEDICAL NEWS was established in January, 1878, and completes with the present number, its fifth volume. Its ambition, when first issued, did not extend beyond a local or State circulation or reputation. Before it had entered its second volume it had, however, found that its circulation and reputation had spread far beyond these bounds, and as year followed year they kept on increasing until the NEWS has become a National rather than a State journal. The name which it adopted was calculated for the original design. Under its unexpected and increasing development this name became more and more inappropriate. We have until now resisted the prompting to change it, and perhaps under other circumstances than those which have recently transpired, the publication would have entered its new volume under the same title. The proprietorship of the NEWS has, however, changed hands. We have disposed of our proprietary interest in the journal to Mr. George S. Davis, medical publisher, of this city. Mr. Davis is publisher of the Detroit *Clinic*, and he has purchased the NEWS with the purpose of amalgamating the two journals. The name of the new journal will be *The Medical Age*—a name at once descriptive and in keeping with the cosmopolitan character which it will cultivate. The following is the editorial staff as selected for the new journal:

MANAGING EDITOR,
JOHN J. MULHERON.

ASSOCIATE EDITORS,
HENRY F. LYSTER, THEODORE A. MCGRAW,
DANIEL LA FERTÉ, HENRY O. WALKER.

We ask and expect for *The Medical Age* the combined support previously extended the two journals whose existence it combines. It will have the rich clinical field of this city from which to select material, and is already assured of the active coöperation of a sufficient number of practitioners to ensure the fullest desirable support in the way of contributions. Arrangements are also being made for contributions and regular correspondence from the great medical centres of the east. The new journal will be strictly independent in its position and utterances, and its editorials will have an eye single to the good of the profession, and of the whole profession. The facilities enjoyed by the publisher for increasing its circulation are unsurpassed, and will result, in a very short time, in placing it at the head of the list of American medical journals in this regard. The new arrangement is a thing of too recent date to have permitted of certain changes in the form, etc., of the journal, which are contemplated. These will materialize a year hence. The size for the coming year will be 16 pp. twice a month, and the price $1.00.

Unexpired subscriptions to the NEWS will be filled by *The Medical Age*. Parties who may object to this arrangement can have what is due them refunded.

Caution Ovariotomists!

The *New York Medical Journal* devotes a leader to the question, why are British more successful than American ovariotomists. After paying a graceful compliment to the dexterity, precision and general skill of American surgeons, it gives the question up, unanswered. Climatic influences, deficiency of American women in the stolidity, said to be characteristic of English women, and badly selected cases, are mentioned as causes. The vastness of American territory and the compactness of English are contrasted. The American is obliged to operate on his cases as he finds them, and has not the opportunity of sending his simple cases to the metropolitan operators, who get only bad cases.

Most women who submit to ovariotomy in this country are of foreign birth, so that the distinction against American ovariotomy, on the grounds of nationality of cases, does not hold good. The American Association of Gynecologists may well interest itself in this question. We will suggest as a preliminary step to its solution that the association

ascertain the relative frequency of gynecologists in the two countries. We are of the firm conviction that the way in which gynecology has run riot in this country has had much to do with the mortuary figures which appear against the fair fame of American surgery. The determined persistence with which young Americans have pursued this new specialty has not been conducive to a well balanced understanding. The desire to operate has been so strong that sober, discriminating judgment has been sacrificed, and many cases have been operated upon that would have lived longer and more comfortably without operation. Scarce a respectable village in the broad area of the United States but has witnessed unsuccessful as well as successful ovariotomies.

The leaders in this branch of the healing art have not been sufficiently precise in their instructions concerning the class of cases suitable for successful operation. Ovarian or tubular cysts, adhesions or adhesion, have been the only points considered. Quality of the tumor, whether of slow or rapid growth, and constitutional condition do not appear to have received much attention. Yet these same gynecologists talk about certain mysteriouss, ill-defined appearances of the uterus as indications that that organ will or will not tolerate mutilation.

It is time that surgeons contemplating ovariotomy asked themselves, can this woman survive the operation and recover a useful life. In asking such a question the answer must be sought for in just as careful an examination of the patient as of the tumor. There are constitutional conditions which positively forbid surgical interference with the great serous cavities of the body. The great lymph channels peculiar to these cavities are often imperfectly developed and consequently incompetent to carry away and destroy the harmful products of nature's efforts in the repair of damage. American and German observers have defined with wonderful accuracy peculiarities of individuals and temperaments indicative of slight resistence to trauma. By a study in this direction, operators will learn to distinguish the cases that may be operated upon with a reasonable prospect of success from those that are certain to result in failure. If we go back a little in the history of surgery we find that there was a time when surgeons gave much attention to the temperaments (idiosyncrasies) in determining conditions which gave promise of successful issue of formidable operations. The success of the old masters has been established beyond dispute. The fashion will revive, and in the place of vague allusions to the color of the hair and eyes, appearance of skin and muscles, we will have accurately defined changes in the lymph channels and all organs subject to nutrition.

Medical Co-Education of the Sexes.

This vexed question has recently cropped out very rankly at Kingston, Ontario. The Royal College of Physicians and Surgeons of that place, actuated either by a desire for novelty or the more commendable wish to do justice to a "down-trodden sex" opened its doors to all regardless of age, color, sex or other previous condition. The result was the matriculation of a number of females whom it was sought to educate side by side with youths of the sterner sex. The Canadian young man, however, has his own views ef propriety and he felt so very considerably embarrassed by the presence of the ladies at certain clinics, on diseases peculiar to the sexual apparatus, that the words of instruction given on the occasion were like to sounding brass and the tinkling cymbal, which failed to make a lasting impression on the cerebrum, how much soever they may have affected his cerebellar lobes. The embarrassment of feminine propinquity was, moreover, aggravated by the innate modesty of the unfortunate patient who was wont to exhibit the lesion which did him afflict, before the ladies of the class. The direct result of the latter complication was a dearth of venereal clinic, and the secondary result was an exercise of the inalienable right to protest on the part of the male students, against co-education of the sexes. The faculty, as it is the nature of faculties to be under such circumstances, were indignant at the protest, and informed the students that they, and not the students, were running that college, and that they had concluded to continue in their course. The denouement was the resignation *en masse* of the protestants. This "counter" on part of the students knocked the faculty out, and as soon as that body recovered its wind it said, "come let us reason together." It couldn't afford to sacrifice fees to principle and it prayed for compromise. A truce has accordingly been patched up, and the ladies will be permitted to remain during the session for which they have paid their fees, provided that they shall be lectured to separately on subjects involving reference to the genito-urinary system. At the close of the current session the doors of the Royal College of Physicians and Surgeons of Kingston, Ontario, will be closed in the face or female aspirants for the ancient and honorable title of the doctorate.

The experience of our neighbors is by no means unique. The question of the co-education of the sexes, in medicine, has come up in this practical manner before, and the result has been practically the same,—the retirement of the female. It is coming to be a conceded fact that it is impracticable to associate the sexes in medical instruction. That it is a fact is without doubt a reflection rather on the males than on the females. Our experience affords no argument against co-education from the side of the ladies. They have invariably been attentive and studious and in the most trying situations have quit themselves in a most commendable manner. Were the male members of medical classes to deport themselves with equal decorum the embarrassment due to the presence of ladies, at cliniques of the most delicate nature, would not appear. The adolescent male biped, however, has his peculiarities and a

certain inevitable percentage of mischief and deviltry must ever render the co-education of the sexes in medicine impracticable.

Myxodema.

Dr. Allan McLane Hamilton has recently published a case of this disease. It is generally believed to be rare, not more than fifty cases having been reported since Sir Wm. Gull reported the first cases to the London Clinical Society in 1873. It is possible, however, that its rarity is due to the fact that Sir William's descriptions of it are not generally known to the profession and that it is often confounded with other diseases. It has been called a "cretinoid state supervening in adult life in women." There is more or less swelling diffused over the whole body, the skin has a peculiar harsh doughy feel but does not pit on pressure like ordinary œdema. Eruptions are sometimes noticed, which are not inflammatory, but transcede a clear liquid and disappear speedily. . The understanding appears to be obtuse, the hearing dull, speech slow and locomotion feeble, as though fatigued by carrying a great load. The thyroid gland has been found atrophied, the hair thickened and the nails flattened. The mental obtuseness has caused the disease to be looked upon as a kind of cretinism, resembling the *endemic* disease of that name found in the south of Europe. Some of the cases have exhibited temperature below the normal—96° to 97°—have experienced severe *hemicrania* and a peculiar difficulty in expressing linguals in speech. The complexion has the peculiar waxy hue so often seen in diseases of the kidneys, but albumen is rarely seen in the urine. The pulse is small, the sphygmograph tracings indicate increased arterial tension, but no cardiac disease has been observed. Numbness and formication of hands and feet have been a cause of complaint. *Anæmia*, deficiency of red corpuscles, and greatly increased frequency of pulse after slight exertion have been commented upon, The French have named the disease *cachexie pachydermique*, because of the constitutional symptoms and the peculiar thickness of the skin. Hearing, smell and taste are often lost or greatly interfered with. The ophthalmoscope has revealed nothing positive. The disease is very rare in males, has not been seen earlier than the fortieth year and seems to be almost confined to women who have passed the *menopause*. All of the women attacked have been very fertile—families ranging from five to ten children with some miscarriages. Great fecundity of patients has been brought forward as evidence that exhaustion of the sympathetic nervous system is at the bottom of the disease. The pathology of the disease is as yet unsettled, one school of observers endeavoring to confine it to the cerebro-spinal nervous system, another to the sympathetic system and a third think the trouble is of *peripheral* origin, that there is primarily obstructed lymph channels with *infiltration* of *serum* into the connective tissue and end organs of nerves. The prognosis is bad, one case only known to have recovered. Autopsies have been few. It must be readily recognized by the characteristic hardening and thickening of skin, mental obtuseness, lowered temperature, atrophy of thyroid gland and diminished general cutaneous sensibility. Treatment has been nitro-glycerine, amyl nitrite, baths and iodide of potassium.

Miscellany.

Dermatological.—Our staid namesake, of Philadelphia, is occasionally facetious. It deplores the iconoclastic spirit in which we penned the paragraph anent Dr. Yandell's simplification of the etiological classification of the dermatoses, and proceeds as follows to do the wronged dermatologist justice:

"When doctors differ, who shall decide? is the old adage. We will not presume to decide, but will submit the important questions at issue to the tribunal of medical public opinion. The Michigan Medical News, as quoted by Dr. Yandell in his circular, says:

'Dr. Yandell attributes all skin eruptions to malaria. Quinia is a specific for malaria; ergo. quinia is the remedy for all skin symptoms.'

Such is the allegation. Dr. Yandell hopes that his confréres of the press will give publicity to his correction of the misunderstanding into which his Michigan brother has fallen. We make haste to do so. Dr. Yandell's new statement is as follows:

'Malaria is the chief source of acute skin disease. Scrofula is the chief source of chronic skin disease.'

In explanation, Dr. Yandell says: 'I do not claim that malaria and struma are the sole causes of the dermatoses. Indeed, many of the dermatoses may exist independently of malaria or struma.'

After such a luminous exposition of his views, it is surprising that any journal should attempt to discredit his theory. If malaria and struma are, and are not, the chief pathogenetic factors of skin disease, what more can be said? In our opinion, Dr. Lunsford P. Yandell has made his point good, and has so entirely settled the question of the etiology of skin diseases that all doubters must retire from the field in confusion."

Treatment of Diphtheria.—Albert J. Craig, Vevay, Indiana, writes: Numerous articles on the management of diphtheria have appeared in the columns of the News recently. The following treatment, essentially that recommended in Dr. J. Lewis Smith's "Diseases of Children," has proven very successful. I do not claim that it will cure all cases, but I do believe it to be the best method of managing this malady. Few physicians who give it a trial will ever have reason to be disappointed with it:

℞ Tinct. ferri chloridi ..... ℥ j.
Syrupi ..... ℥ jv.

Misce. From half to a teaspoouful every two or

three hours, according to the age and severity of the case. To each dose of this add one or more grains of quinine.

As a local application apply with a camel's hair pencil over the fauces the following:

℞ Liq. ferri subsulph..... 3 ij.
Glycerine..... 3 vj.

Misce. In severe cases the iron can be increased and in mild cases and young children, diminished. I would ask physicians who have not tried this treatment and who have not been successful in the management of their cases with other remedies to give this a trial.

Scurvy.—Dr. H. G. Piffard, of New York, writes:

In connection with Dr. E. Halsey Wood's article on Scurvy in your issue of December 11th, permit me to state that in 1864 the writer was connected as House Surgeon with several of the public institutions on Blackwell's Island, New York. At that time these institutions were pervaded with scurvy, especially the work-house, due to the deficient and improper food furnished by the authorities. It was impossible to obtain much improvement in the quality of the diet. The medical officers were therefore obliged to rely mainly on drugs, and we found very decided benefit from the use of the potassio-tartrate of iron, both as a curative and as a prophylactic. I believe that a small quantity of this salt, say four ounces to the barrel of pickle in which mess beef and pork are preserved, would prove of great service to those who are obliged to make use of this species of food. Analysis has shown that scorbutic blood is deficient in iron and potash, and experience has shown that vegetable acids are useful in scurvy. Hence the rationale of the proposed method.

Obesity.—Dr. Thomas H. Briggs, of Battle Creek, Mich., writes: The question of a proper reduction of adipose tissue has been my study for the last ten years, on personal grounds. I have given careful study to the different methods advanced and have found in every case that medicine of itself will not accomplish it without grave impairment of the constitution of the patient. But I have found that proper medicinal agents, with diet and the use of the water and climate of springs in La Peric County, Colorado, will reduce the fat of people from four to twenty pounds per week. I propose next spring to establish a sanitarium at that point for the treatment of such cases. Any parties desiring to avail themselves of the benefits of that institution can procure all the particulars of it by writing me at my present address.

Sir Thomas Watson, whose illness was previously announced, has since died. Born in 1792, he had reached the ripe age of ninety. He commenced the study of medicine at twenty-seven and graduated in 1825. His previous literary training stood him in good stead as a medical writer, than whom there never was one more elegant or more perspicacious. His writings may well serve as a model for authors both of the present day and of future generations.

The Louisville *Medical News* quotes copiously from Dr. Harlow's report of the case of intra-uterine crying, as it appeared in this journal. Our contemporary is, however, one of the doubting Thomases whom the doctor anticipated would greet his story. It recalls but one other similar report which it once read in an old book and pronounces the two equally probable. "To the credulous," it says, "they are miracles. The wise call them delusions. The uncharitable give them a harsher name. For a child to make a vocal sound in the uterus is a physical impossibility. Physical impossibilities do not occur."

Grave robbing has recently scandalized Philadelphia and Montreal, while rumors of similar desecration have come up from Greensboro, N. C. We would recommend to the medical colleges implicated the anatomy act of this state, which, urged to a passage by the legislatures of their respective states, would effectually estop these shocks to the public mind and violence to sacred sentiment.

The *Medical Record* is authority for the sentiment that the louder the quack the longer the bill. This surely has no reference to any of the bills recently abbreviated by the Board of Audit at Washington.

Original Articles.

The Treatment of Rupture.

BY D. HAYES AGNEW, M. D., PHILADELPHIA, PA.

Hernias are in general divided into three classes, viz., *congenital* hernia, or that which exists at birth; *infantile* hernia, or that which comes on after birth, being produced by excessive crying or straining; and *acquired* or adult hernia. To my mind a much better division would be into *congenital* and *acquired* hernia, *acquired* to include the infantile and adult forms. Let us first consider the congenital hernias. A congenital hernia may be either femoral or inguinal. You all know that at about the sixth or seventh month of pregnancy, the childs testicles begin their descent in the inguinal canal. In the act of descending the testicles carry with them that peritoneum which is to form in time the tunica vaginalis testis. After the descent of these bodies, if development goes on properly, a contraction takes place in that part of the inguinal canal just below the external abdominal ring. This contraction if it is perfect, shuts off completely the testes from the peritoneal cavity. But suppose that this contraction does, not take place? The intestine may at any time slip down more or less through the external abdominal ring and so form a hernia. The same thing

may occur in the case of an umbilical hernia. The normal contraction has not been accomplished, and so the intestines find an unnatural means of outlet. In the case of acquired hernia there may not have been perhaps any arrested development, but the ring has not been firmly enough closed to prevent the forcible passage of the intestine. The infant or adult is suffering from a severe acute or chronic cough, strains violently perhaps, when the constriction suddenly dilates and the bowels slip through. The signs of hernia are divisible into (1) general and (2) special. Under general signs we have to consider (1) the presence of a tumor in certain definite regions, (*a*) in the inguinal region, (*b*) in the groin near Poupart's ligament, and (*c*) near the navel. (2) We find that the tumor is of variable size being small at one time and large at another. (3) We are able to notice a decided change in position; the tumor is now present in the scrotum, and now has disappeared entirely from view. (4) The tumor is found to change its position with changes in the position of the body. When the patient stands upright the tumor is in view; when he lies prone it is gone from sight. (5) Percussion of the tumor, if it be an enterocele alone, elicits a tympanitic sound; if there is omentum alone, and no intestine, the sound will be flat as of a doughy mass; if both intestine and omentum be present, percussion will reveal flatness over one site and elsewhere resonance. (An omentum hernia is more common on the left than on the right side.) (6) A reducible hernia can always be replaced by manipulation. The special symptoms of hernia are those referable to the several varieties of the disease. Complete oblique inguinal hernia follows the course of the inquinal canal and makes its way into the scrotum. This form of hernia is to be distinguished from hydrocele by the following special symptoms. (I may say, in passing that the diagnosis between these two affections is not easy, and that the trocar is quite frequently thrust into the contents of an inguinal hernia, mistaking it for hydrocele). (1) If we inquire carefully into a case of hydrocele we will find that the swelling began at the bottom of the scrotum and gradually extended upward: hernia, of course, begins above and goes downward. (2) When the patient lies down, a hernia (that is, a reducible hernia) can be pushed back or will disappear spontaneously. Of course this is not the case with hydrocele. (3) If the tumor be a hydrocele, by taking the patient into a dark room and placing a candle on one side of the mass, being careful to cut off all the rays of light from above it will appear translucent. There would evidently be no translucency if the tumor contained omentum, or intestines, unless, indeed, there were a partial dropsy of the sac, in which case part of the tumor would be partly translucent and partly opaque. How is inguinal hernia to be distinguished from scrotal hæmatocele? Hæmatocele is always the result of some strain, blow or fall. But hæmatocele gives like hernia, an opaque tumor. How draw the distinction it this respect? The surest mode of diagnosis is the introduction of a very minute exploring needle. If hernia, no result will be had; if hæmatocele, there will be a few drops of blood; if hydrocele, a straw-colored liquid. It is generally held that an exploring needle can do no harm, and yet I am not quite sure that it is an entirely innocuous means of diagnosis. Variocele is, as you know, an enlargement of the spermatic veins. How is hernia to be distinguished from variocle? (1) Variocle occurs almost always (in 999 cases of 1000) on the left side; hernia may be present on either side. (2) When you take hold of a variocele you find, not a smooth and elastic, not even a doughy feel, but it is as if you had taken hold of a bundle of knotted skeins. A hernia is a smooth and elastic mass. (3) Let the patient take the recumbent position. Both hernia and variocele would spontaneously disappear. But now press your finger on the extenral abdominal ring, and let the patient stand up and cough. Variocele will descend again but not hernia. So much for the special symptoms of inguinal hernia. There are three kinds of tumors from which femoral hernia is to be diagnosticated,—viz., psoas abscess, enlargement of the inguinal glands, and varicose enlargement of the saphenous veins where they enter into the femoral veins, what are the main points of distinction? 1. Psoas abscess must follow the course of the psoas muscle. It usually begins from disease of the condyles of the lumbar vertebræ. 2. Psoas abscess comes out of the ring external to the blood vessel; femoral hernia is internal to them. Where there is psoas abscess there is a history of previous bad health, and a general strumous condition of the system. The diagnosis between hernia and swollen inguinal glands is not such an easy matter, particularly as the swollen glands occupy almost exactly the same position as would be held by femoral hernia, lying as they do over the saphenous opening and near the course of Poupart's ligament The diagnosis will therefore depend on the following points: 1. If the patient has had any venereal disease, or suffered from any injury to the feet, there is a tolerable presumption that the inguinal glands are swol en. 2. In health the inguinal glands can be isolated, This is also possible when they are diseased, but this process of separation is very difficult when they are glued together by syphilitic exudation. 3. Place your hand on the tumor and tell the patient to cough. There will be a distinct impulse felt if it is an enterocele, otherwise not. (This point of diagnosis is of no value as a mode of distinction between an omental hernia and inflamed glands.) 4. Intestines will give resonance upon percussion; glands dulness. 5. You find upon close examination that the tumor was not always *in situ;* that there has been occasional swelling for years; that the tumor was in the habit of appearing and disappearing. Bs inflamed glands do not change their place the above facts would argue against their existence. 6. Hernia is usually entirely insensitive to pressure. Inflamed and swollen glands are apt to be highly sensitive. As regards the modes of distinguishing an enlarged

saphenous vein from a hernia, they are few and simple. 1. Cough will impart no impulse to an enlarged vein. 2. Press on the vein just below the the site of the tumor; if pressure diminishes the size of the swelling, while upon the removal of the pressure, it again fills, the tumor is evidently a venous enlargement; otherwise not. There is but slight difficult of diagnosis in cases of umbilical hernia. There is rarely any projection except that of hernia in the umbilical neighborhood. This brings us to a consideration of the treatment of hernia. All forms of acquired (adult and infantile) hernia are curable, provided the hernia be restored and held in position until the hernial passages undergo constriction. Let us take, for example, a case of umbilical hernia in a child. A little tumor makes its appearance at the child's navel, which can be easily pressed back into the abdominal cavity. If the child strains or frets, the projection grows in size. All the treatment necessary in such a case is the accurate application of a truss. You cannot put a truss on too early in such cases. In umbilical hernia the fitting on of a truss is a very simple matter. Take a good-sized cork and cut it into an oval shape, flattening it on one side. Then cut out a strip of sticking plaster long enough to pass entirely round the body. Apply now the oval side of the cork over the site of the hernia, first placing a small piece of chamois between the cork and the skin, and then fasten the cork in position by means of the plaster. Porous plaster is perhaps better than adhesive plaster for this purpose, as it does not irritate the skin so much and will stick much longer. I strongly advise the use of home-made cork trusses in children, as they will keep in position much better and longer than trusses bought at shops. Where hernia occurs in the adult we have the various styles of artificial trusses from which to choose. These trusses are conical-shaped pads, made of leather, hard wood or ivory, and provided with elastic bands fastening round the body. You will find a great variety of trusses in the market. Some physicians prefer the leather-covered pad on account of the greater comfort allowed by it to the skin; some use the old French truss. In applying a truss for the cure of hernia, there are certain indications which must be carried out to the letter if you expect success in your treatment. The application of a truss, therefore, calls for the possession of a certain amount of skill. The indications are, (1) the truss ought not to be worn unless it conforms exactly to the person of the wearer; (2) the truss must be so applied as to exert no more pressure than is demanded to keep the hernia in place. I constantly see the effects of the severe and protracted pressure exerted by ill-applied trusses. It is not perhaps so much the amount of pressure employed as where it is employed. As regards this matter of pressure, the old truss made of hard, polished wood, is much more comfortable to the skin than the softer pads. The leather pad in time becomes saturated with perspiration, and so is extremely unwearable. As a general rule, the harder the pad the more comfortable is it to the skin. Pads are either single or double. As a truss, if applied only on one side, is very liable to slide out of position, it is sometimes necessary to use a double truss. I use the Gemrig truss with two pads very often. This truss is double, having two pads both in front and behind. As this truss is intended for one-sided hernia, one of the front pads presses harder than the other. This is a very popular truss. It scarcely ever changes its place. In the case of femoral hernia, it is very well to employ a movable pad which can be made to drop into the saphenous opening. This movable truss can be changed into a fixed truss for inguinal hernias. Here is a double soft leather truss. This hard rubber truss is very useful. By heating it you can easily model it to fit the outlines of any figure. There are various forms of the hard rubber truss. This specimen does not weigh more than two ounces altogether. It is very inexpensive, and never wears out. If the strap is made waterproof, it can be worn in the bath. Here is another form of truss, constructed for the purpose of controlling hernias which are exceedingly hard to keep in place. It has a projecting centre piece which is supposed to press right into the external abdominal ring, or saphenous opening, whichever the case may be. I do not place much confidence in this form of apparatus. It is but too certain to enlarge the hernial passage at the same time that it is holding the hernia in position. When you advise any of your patients to use a truss, you should always make it a rule to superintend its first application. If you cannot be present yourself, give your patient the following directions: (1) Never accept a truss until you get one which fits; (2) try it by putting it on, and (*a*) stooping down and rising up suddenly, (*b*) by coughing violently and persistently; (*c*) by separating the limbs and stooping; (*d*) by crossing the limbs and sitting down; (*e*) by going through all kinds of motions. Of course the truss is not a proper one if the hernia slips away from it in the course of any of these motions. In wearing a truss the following precautions must always be had: (1) The patient must never take off the truss till he or she is in the recumbent position; (2) before putting it on again the parts must be rubbed until they are all aglow, so that an active circulation and full secretion are maintained; (3) the truss must be taken off the last thing before the patient retires, and put on the first thing in the morning; (4) in the case of a child, the truss should be worn all the time, both night and day, after the first feelings of discomfort have passed away. At first it must, of course, be taken off two or three times, while the skin is thoroughly rubbed and anointed, and then put on carefully again. If these rules are conscientiously adhered to, a cure may be expected in the course of two or three years. The truss, at any rate, should not be taken off sooner than that. I may say, in closing, that permanent cure is much more likely to ensue if a hard than if a soft pad has been employed.

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